MISSOURI
DEPARTMENT OF MENTAL HEALTH

Annual Safety Report

Submitted to Governor Jeremiah W. (Jay) Nixon
September 2011

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

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September 16, 2011

Governor Jeremiah W. (Jay) Nixon
Lieutenant Governor Peter Kinder
Missouri Mental Health Commission

Dear Governor Nixon, Lieutenant Governor Kinder and Commissioners:

The Department of Mental Health is pleased to present the 2011 Annual Safety Report. This year's report provides a summary of critical safety measures tracked by the department and routinely monitored by the Mental Health Commission. By institutionalizing and reviewing performance indicators, the Department of Mental Health has embraced its ongoing commitment to transparency and accountability for consumer safety.

Sincerely,

Jan Heckemeyer
Deputy Director

Contents

Executive Summary

Protecting the well being of Department of Mental Health (DMH) consumers requires continued monitoring of quality management processes and safety indicators to identify problems quickly and implement individual and systemic corrective actions. With the completion of the Mental Health Task Force (MHTF) safety agenda in 2009, DMH instituted processes to review and consider safety related data to inform decision making for DMH facilities and monitor contract providers.

The Mental Health Commission reviews performance indicator data on a quarterly basis, supplementing the careful and disciplined analysis that takes place at the DMH program and executive levels. Facility and treatment program staff use the data for individual and programmatic quality improvement.

The 2011 edition of the annual report presents background information followed by numerous data tables related to DMH consumer demographics, staffing, and adverse events such as injuries, and investigations of abuse and neglect. These tables provide a snapshot of safety performance as reflected by various data measures. Charts include up to two (2) years of data to assist in identifying trends. The following observations are notable:

- The number of clients served in DMH operated inpatient psychiatric hospitals and habilitation centers is declining due to closures of psychiatric emergency rooms and acute care beds and enhanced efforts to transfer habilitation center clients to appropriate community settings.
- Vacancies and overtime for direct care staff and licensed nursing staff continues to be a challenge in DMH facilities.
- Staff injury rates in DMH inpatient psychiatric facilities show a gradual decline.
- Inquiries and investigations into potential client abuse/neglect allegations are declining for both DMH inpatient facilities and community providers.

While the data is informative and provides transparency and accountability for consumer safety, it also serves as a tool to evaluate the success of quality improvement efforts.

Introduction

Purpose of Report

In past years, the report summarized DMH progress toward implementing the MHTF's twenty-five (25) recommendations. With the completion of the recommendations in 2009, the reports now provide an annual status update of consumer safety as represented by key performance measures for DMH that includes safety-related indicators.

Background Information

In 2006, public concern emerged about safety for DMH consumers. A Governor-appointed task force was convened as the Mental Health Task Force and was given the charge to review best practices and make recommendations for changes to the mental health system that would result in improved safety for DMH consumers. After months of public dialogue and careful deliberation, the MHTF issued its report in November 2006. The full report is available for public review at http://dmh.mo.gov/docs/opla/MissouriMentalHealthTaskForce.pdf.

As recommended by the MHTF, the first Annual DMH Safety Report was submitted in 2007 followed by annual reports in 2008, 2009 and 2010. These reports are posted for public review on the DMH website at http://dmh.mo.gov/opla/SafetyReports.htm.

Performance Measures

The following charts represent the quality improvement systems in place that compile and analyze data for presentation to Division and Department leadership and the Governor's Office. The Mental Health Commission reviews the data on a quarterly basis offering direction and guidance related to their observations and concerns.

Charts included in the report show data for the most recent quarter as well as data for the previous one to two years, providing the opportunity to identify changes and trends over time.

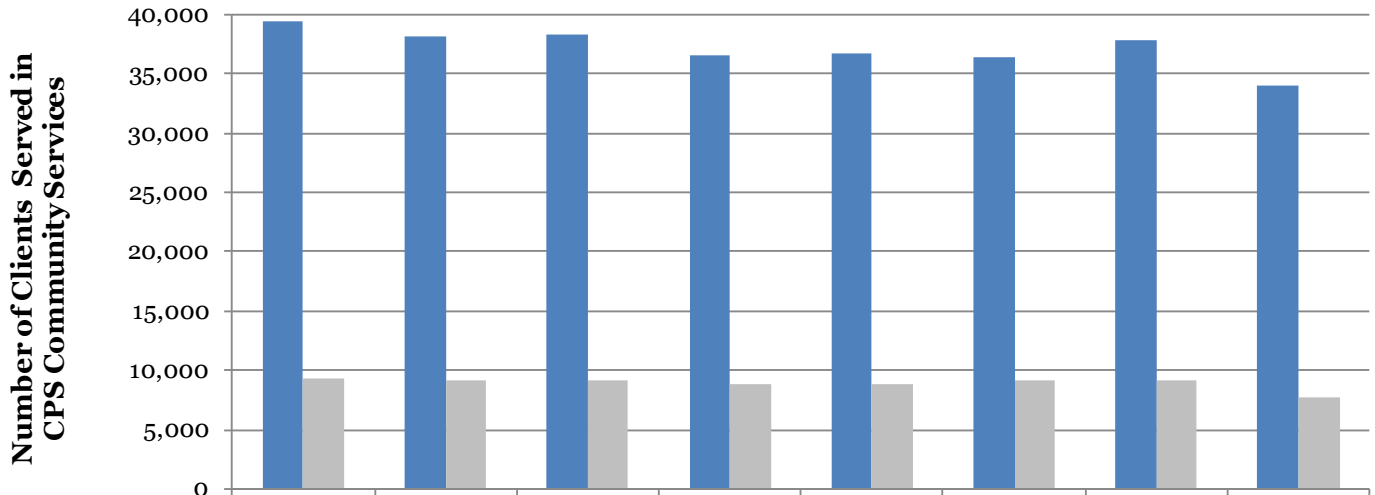
DMH Quarterly Performance Measures

AUGUST 2011

MISSOURI DEPARTMENT OF MENTAL HEALTH

Division of Comprehensive Psychiatric Services

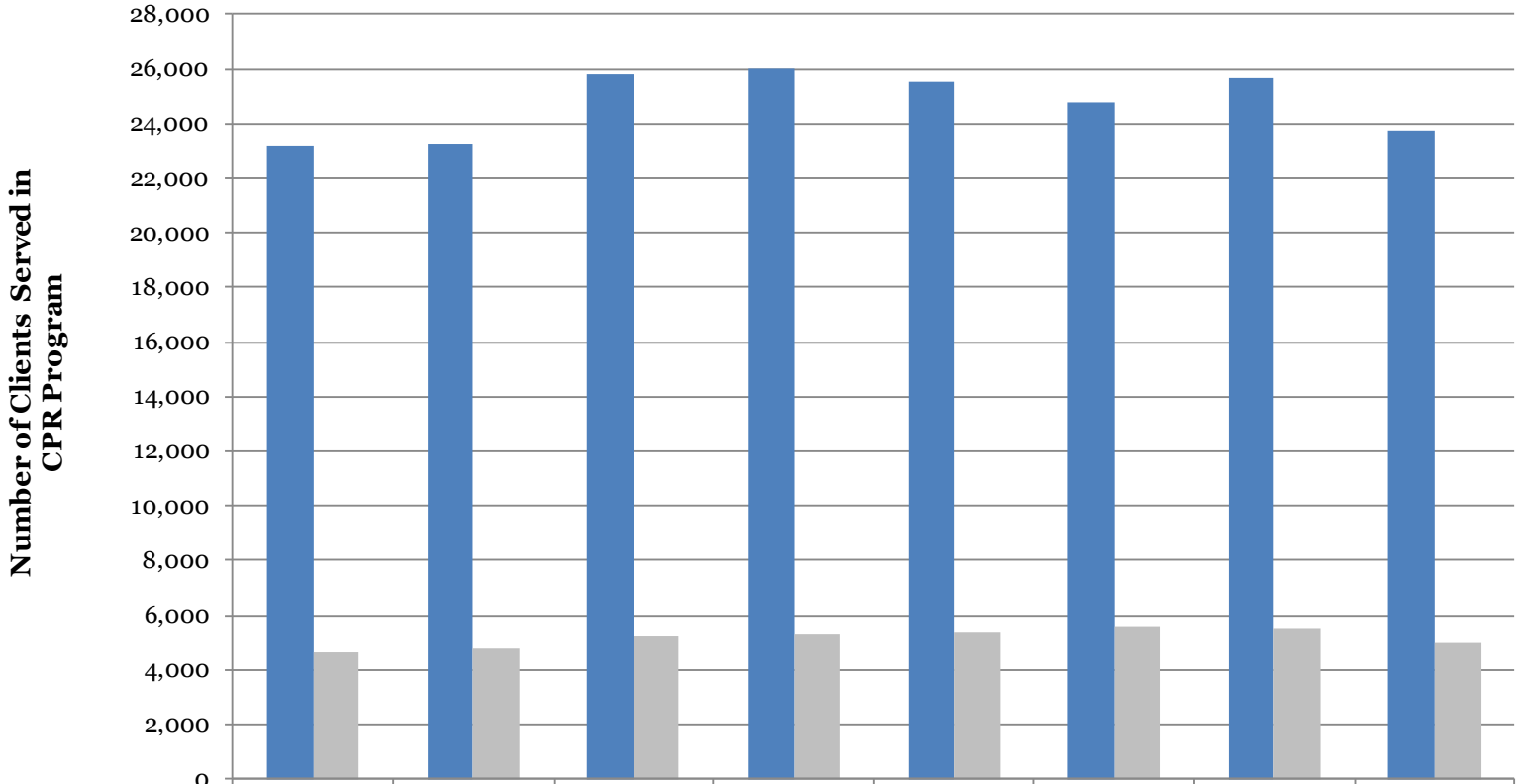
Clients Receiving CPS Community Services



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Adults Receiving CPS Community Services	39399	38124	38281	36503	36788	36416	37799	34061
Youth Receiving CPS Community Services	9237	9086	9145	8904	8895	9214	9165	7657

SIGNIFICANCE: Now that CPS claims have all migrated to new I.T.systems, this and subsequent graphs have been reworked to show client counts and service dollars by date of service, not by date paid. The long term trend (over many years) has been one of slowly increasing numbers of CPS community clients. This trend appears to have halted as overall client counts show a slight decrease over FY11. However, the sharper decline in the 4th Q FY11 numbers is due to lagging claims. Also note that this and subsequent graphs do not count clients treated "pro bono" by CMHCs, as those clients do not appear in our claims data or in CIMOR.

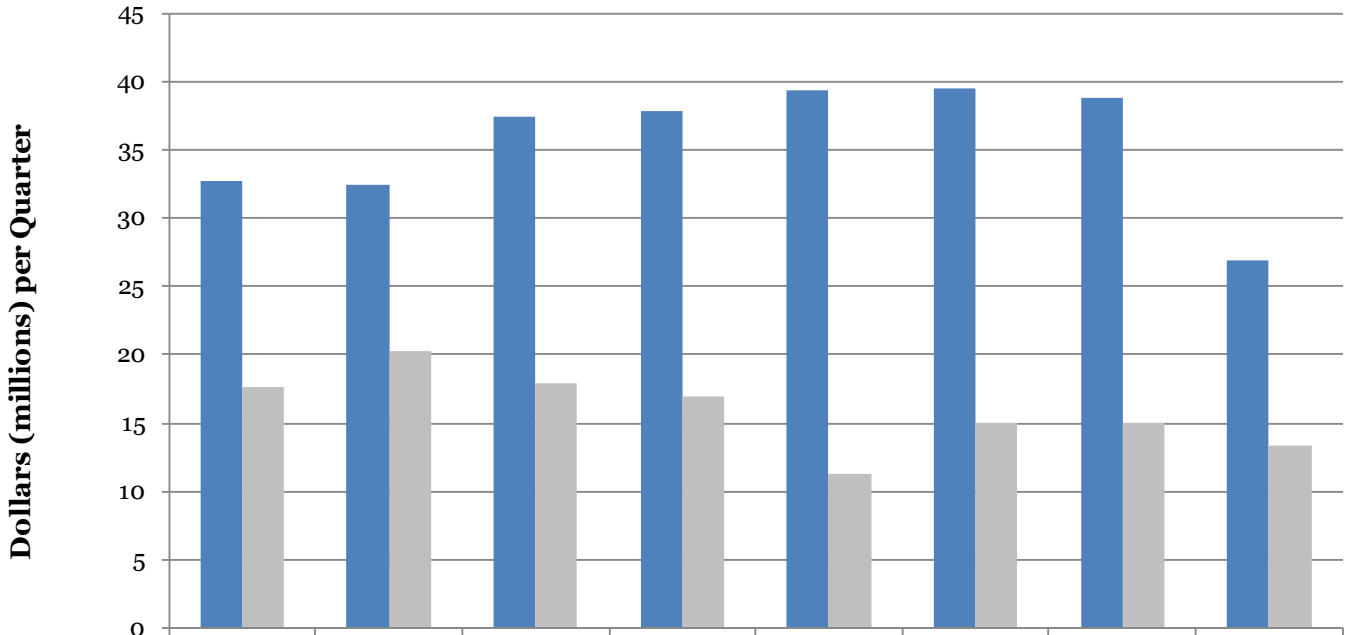
Clients in the Community Psychiatric Rehabilitation Program



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Adults Receiving CPR Services	23214	23238	25796	25981	25501	24793	25632	23721
Youth Receiving CPR Services	4652	4755	5254	5332	5418	5586	5534	4973

SIGNIFICANCE: Even though the overal client count has stopped increasing, there had been a slight trend of increased participation in the CPR program for youth. For adult CPR this growth appears to have levelled off in FY11, but the 4th quarter reduction should be attributed to lagging claims.

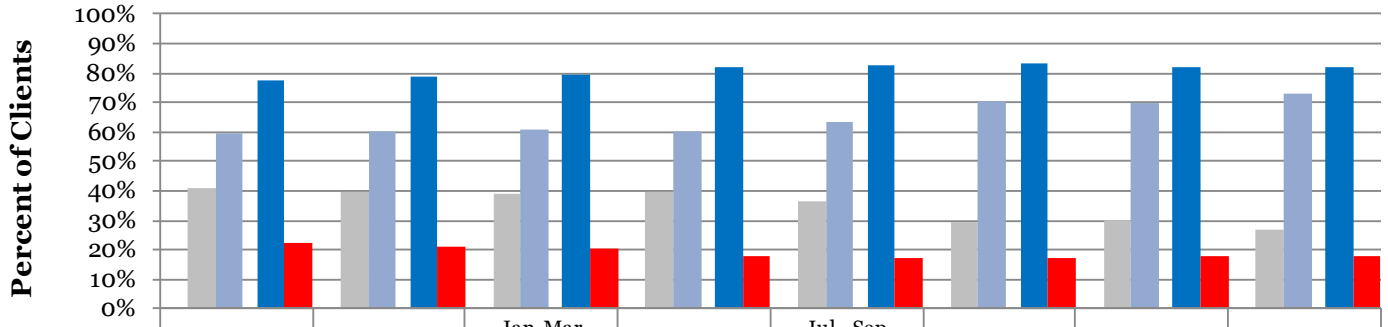
Funding Sources for CPS Community Clients



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Community Services via MHN (state+fed $)	32.706	32.481	37.471	37.883	39.378	39.437	38.800	26.887
Community Services via CPS POS	17.602	20.236	17.978	17.010	11.289	15.008	15.053	13.339

SIGNIFICANCE: 4th quarter FY11 numbers, particualrly MHN claim volume, are low due to lagging claims. Those numbers will likely increase as late claims come in and get paid. Even so, looking at the first 3 /4 of FY11 versus FY10 shows the ongoing shift between funding sources for CPS community services.

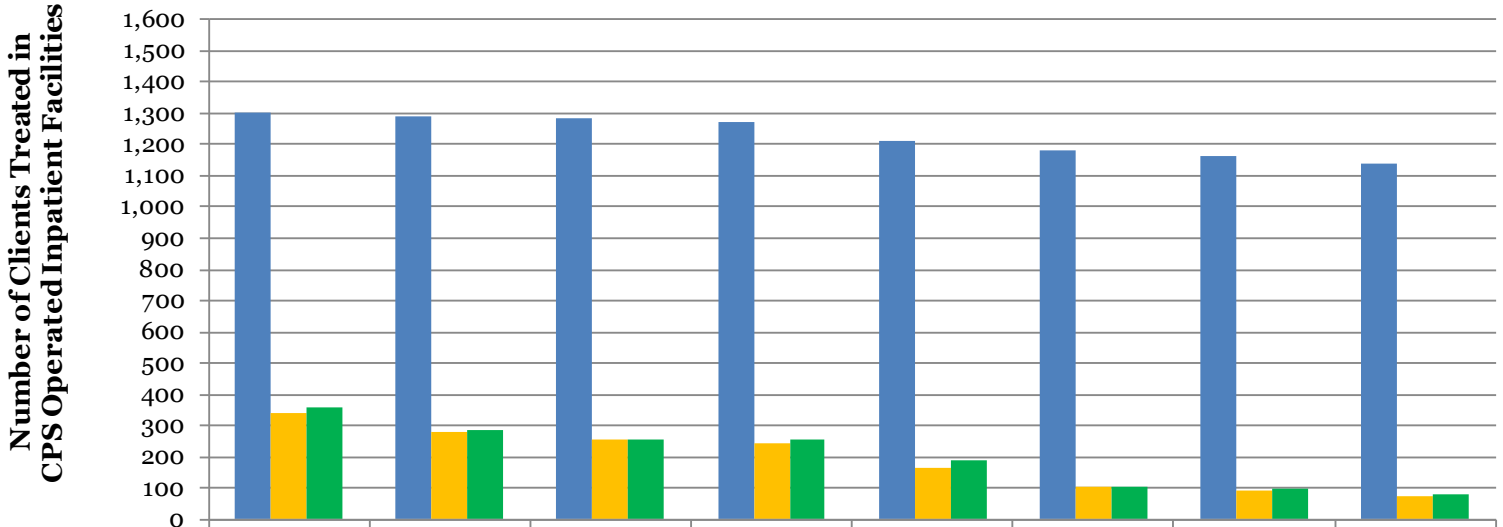
Medicaid Eligibility of CPS Clients



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
CPS Facility Client Count	2282	2103	2010	1983	1672	1428	1409	1347
M.E. Clients - CPS State Facilities	928	838	786	785	610	420	423	361
% M.E. -- CPS State Facility Clients	40.7%	39.8%	39.1%	39.6%	36.5%	29.4%	30.0%	26.8%
Not M.E. Clients - CPS State Facilities	1354	1265	1224	1198	1062	1008	986	986
% Not M.E. -- CPS State Facilities	59.3%	60.2%	60.9%	60.4%	63.5%	70.6%	70.0%	73.2%
CPS Community Client Count	49340	47858	48041	45989	45265	45237	46605	41261
M.E. Clients -- All CPS Community	38231	37727	38297	37733	37455	37589	38313	33775
% M.E. -- All CPS Community	77.5%	78.8%	79.7%	82.0%	82.7%	83.1%	82.2%	81.9%
Not M.E. Clients -- All CPS Community	11109	10131	9744	8256	7810	7648	8292	7486
% Not M.E. -- All CPS Community	22.5%	21.2%	20.3%	18.0%	17.3%	16.9%	17.8%	18.1%

SIGNIFICANCE: There has been a gradual increase in the proportion of CPS community clients with Medicaid Eligibility over the past two years, but the medicaid Eligibility rate for CPS state facility clients dropped with the transfer of acute bed capacity to private hospitals.

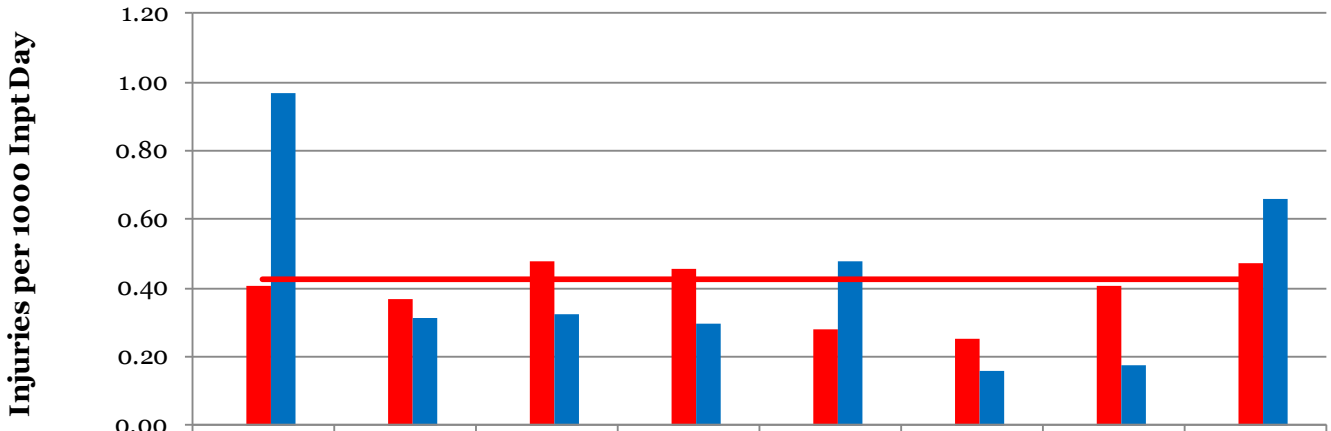
Clients in CPS Operated Inpatient Facilities



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul- Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Average Daily Inpatient Census	1304	1291	1281	1273	1212	1182	1160	1139
Admissions to CPS Inpatient / month	339	282	257	246	164	104	93	73
Discharges from CPS Inpatient / month	361	287	256	255	186	107	101	79

SIGNIFICANCE: The reduced admissions/discharges and daily census numbers for CPS operated facilities in FY10 are a direct result of P.A.C.T. (Psychiatric Acute Care Transformation) activities which shifted state operated acute psychiatric beds in Kansas City and Columbia to the private sector. This trend continued through FY11 as inpatient redesign completed this process for the rest of the state.

CPS Inpatient Client Injuries

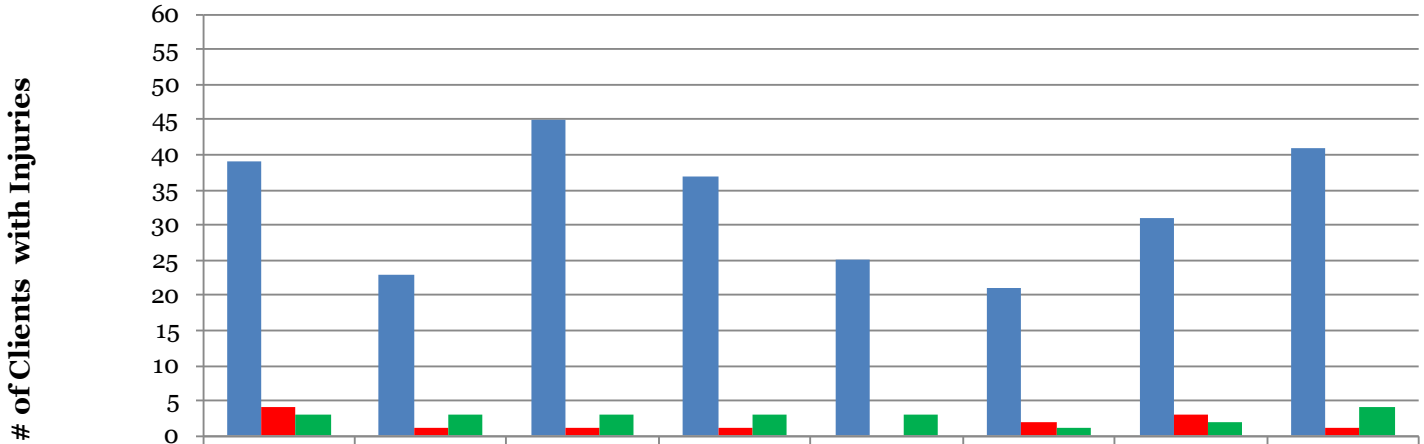


	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
CPS Inpt Adult Injuries	48	43	55	52	31	27	42	48
# CPS Adult Inpt Days	118210	117737	114740	114812	110148	107350	103188	101956
CPS Inpt Adult Injuries/1000 PtDays	0.406	0.365	0.479	0.453	0.281	0.252	0.407	0.471
CPS Inpt Youth Injuries	6	2	2	2	3	1	1	4
# CPS Youth Inpt Days	6182	6382	6180	6754	6298	6355	5755	6046
CPS Inpt Youth Injuries/1000 PtDays	0.971	0.313	0.324	0.296	0.476	0.157	0.174	0.662
National Inpt Injury Rate (ORYX)	0.425	0.425	0.425	0.425	0.425	0.425	0.425	0.425

NOTE: "Injuries" for CPS Inpatient clients include those medical intervention or more. PtDays is a standard way to adjust for facility size on inpatient metrics for measures that apply to both acute and long term facilities - if we were to simply count clients this would result in disproportionately high client counts in acute facilities due to relatively rapid turnover and short length of stays. Also, using this definition allows us to benchmark to the NRI/ORYX rate of 0.425 injuries per 1000 patient days. (Calendar 2008 average)

SIGNIFICANCE: The FY10 decline in inpt youth injuries at least correlates with reduced restraint and seclusion. Unfortunately the youth inpt restraint and seclusion rates trended higher early in FY11 but this has not been associated with higher injury rates. The Apr-Jun 11 increase in youth injuries occurred in spite of gradually reducing restraint use. None of those 4 youth injuries required hospitalization.

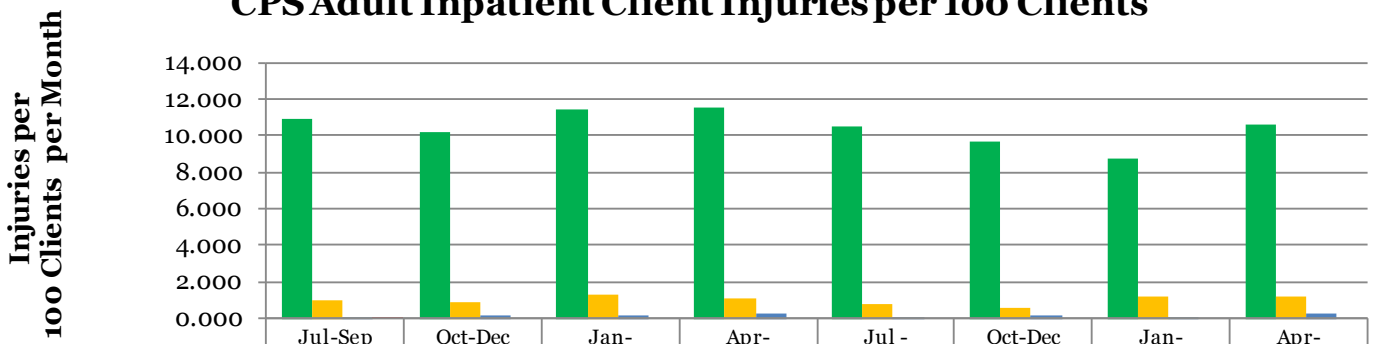
CPS Inpatient Injuries -- Clients with 1,2,3 or more Injuries



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# CPS Inpatients with 1 Injury	39	23	45	37	25	21	31	41
# CPS Inpatients with 2 Injuries	4	1	1	1	0	2	3	1
# CPS Inpatients with 3+ Injuries	3	3	3	3	3	1	2	4

NOTE: here"Injuries" includes those requiring at least medical intervention. This definition thus pairs with the first (ORYX definition chart) but not the above "community definition chart. Also note that the Hab Centers have a different reporting standard of including first aid injuries -- thus a much broader class of event. This graph identifies clients with multiple injuries (by ORYX definition) during each quarter. **SIGNIFICANCE: For the most part, these more serious categories of injury involve different clients rather than the same clients injured multiple times within the quarter.**

CPS Adult Inpatient Client Injuries per 100 Clients

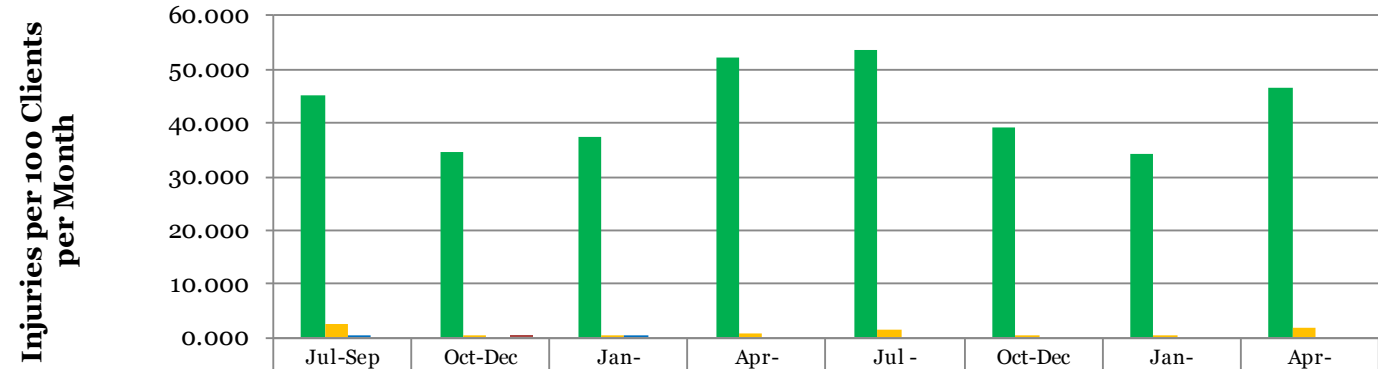


	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# Inpt Adult Inuries (first aid)	431	399	436	440	387	346	301	359
Adult Inpt Injuries (first aid) per 100 consumer/mo	10.938	10.167	11.400	11.497	10.540	9.669	8.751	10.563
# Inpt Adult Inuries (medical intervention)	41	36	50	42	27	22	40	40
Adult Inpt Injuries (med int) per 100 consumer/mo	1.041	0.917	1.307	1.097	0.735	0.615	1.163	1.177
# Inpt Adult Inuries (hospitalization)	4	7	5	10	4	5	2	8
Adult Inpt Injuries (hosp) per 100 consumer/mo	0.102	0.178	0.131	0.261	0.109	0.140	0.058	0.235
# Inpt Adult Inuries (death)	3	0	0	0	0	0	0	0
Adult Inpt Injuries (death) per 100 consumer/mo	0.076	0.000	0.000	0.000	0.000	0.000	0.000	0.000

NOTE: Inpatient injury reports include those requiring only first aid, which community reports do not, so this graph separates by severity of injury category. Comparisons to community rates can only be made based on the 2 most severe injury categories.

SIGNIFICANCE: The overwhelming majority of adult inpatient injuries are first aid only severity. However, serious injury rates are generally higher for CPS inpatient clients than in the community.

CPS Youth Inpatient Client Injuries per 100 Clients

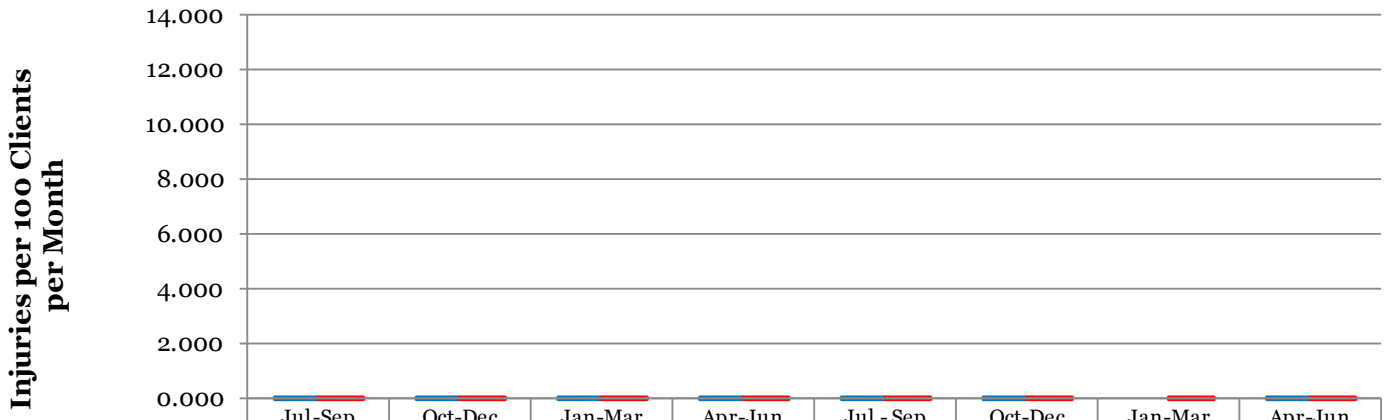


	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# Inpt Youth Injuries (first aid)	93	74	77	118	113	83	66	94
Youth Inpt Injuries (first aid) per 100 consumer/mo	45.131	34.785	37.379	52.413	53.827	39.182	34.405	46.642
# Inpt Youth Injuries (medical intervention)	5	1	1	2	3	1	1	4
Youth Inpt Injuries (med int) per 100 consumer/mo	2.426	0.470	0.485	0.888	1.429	0.472	0.521	1.985
# Inpt Youth Injuries (hospitalization)	1	0	1	0	0	0	0	0
Youth Inpt Injuries (hosp) per 100 consumer/mo	0.485	0.000	0.485	0.000	0.000	0.000	0.000	0.000
# Inpt Youth Injuries (death)	0	1	0	0	0	0	0	0
Youth Inpt Injuries (death) per 100 consumer/mo	0.000	0.470	0.000	0.000	0.000	0.000	0.000	0.000

NOTE: Inpatient injury reports include those requiring only first aid, which community reports do not, so this graph separates by severity of injury category. Comparisons to community rates should only be made based on the 2 most severe injury categories.

SIGNIFICANCE: There is a significantly higher rate of youth inpatient injuries than adult. This is due to the very high numbers of first aid only injuries reported for youth.

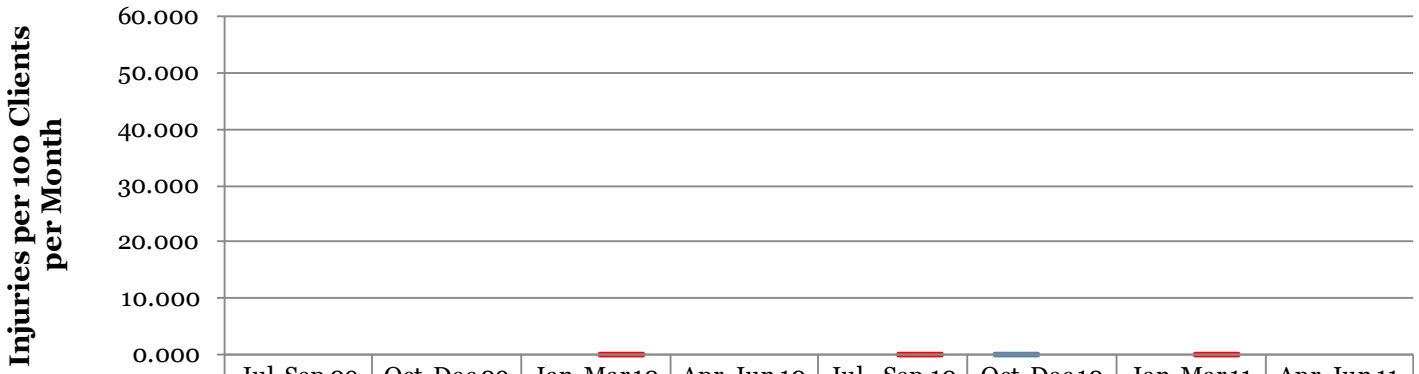
CPS Adult Community Client Injuries



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# Adult Injuries (hospitalization)	6	1	9	7	3	6	0	13
Adult Injuries (hosp.) per 100 consumers/mo	0.007	0.001	0.010	0.008	0.004	0.008	0.000	0.014
# Adult Injuries (death)	25	27	28	25	27	15	12	12
Adult Injuries (death.) per 100 consumers/mo	0.028	0.031	0.032	0.030	0.035	0.021	0.016	0.013
# Adult Consumers/month	29845	29184	28884	27796	25766	23947	25323	31418

SIGNIFICANCE: There is a very low rate of serious injury to clients receiving CPS community services, but these are individually significant events. The 12 injuries that resulted in deaths that were reported in the Apr-Jun '11 quarter are further categorized as: 3 Suicides (1 gunshot, 1 overdose, 1 other); 1 Homicide; 2 Motor Vehicle Accident; 2 Accidental Overdose; and 4 Accidents (2 tornado, 1 choking, 1 other). 11 of the deaths were not in immediate CPS care or custody at time of the event --1 (choking) was a resident of an RCF. All 12 of the events had a death determination performed by service provider. None of the reviews identified any need for Abuse/Neglect investigation.

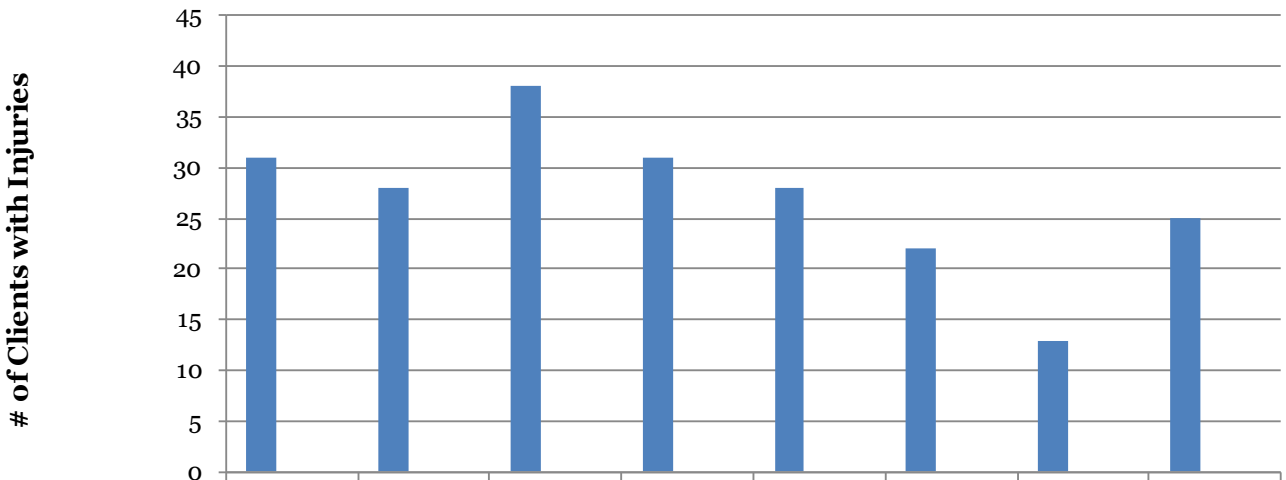
CPS Youth Community Client Injuries



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# Youth Injuries (hospitalization)	0	0	0	0	0	1	0	0
Youth Injuries (hosp.) per 100 consumers/mo	0.000	0.000	0.000	0.000	0.000	0.006	0.000	0.000
# Youth Injuries (death)	0	0	1	0	1	0	1	0
Youth Injuries (death.) per 100 consumers/mo	0.000	0.000	0.005	0.000	0.006	0.000	0.006	0.000
# Youth Consumers/month	5629	6547	6529	6419	5637	5623	5877	7420

SIGNIFICANCE: There is a very low rate of serious injury to clients receiving CPS community services, lowest of all for youth in CPS community services. There were no youth deaths reported in the Apr-May '11 quarter. The one youth death in the prior quarter was a Motor Vehicle Accident in the community, not in immediate CPS care or custody at the time of the event. Service provider completed death determination, concluding there was no need for abuse/neglect investigation.

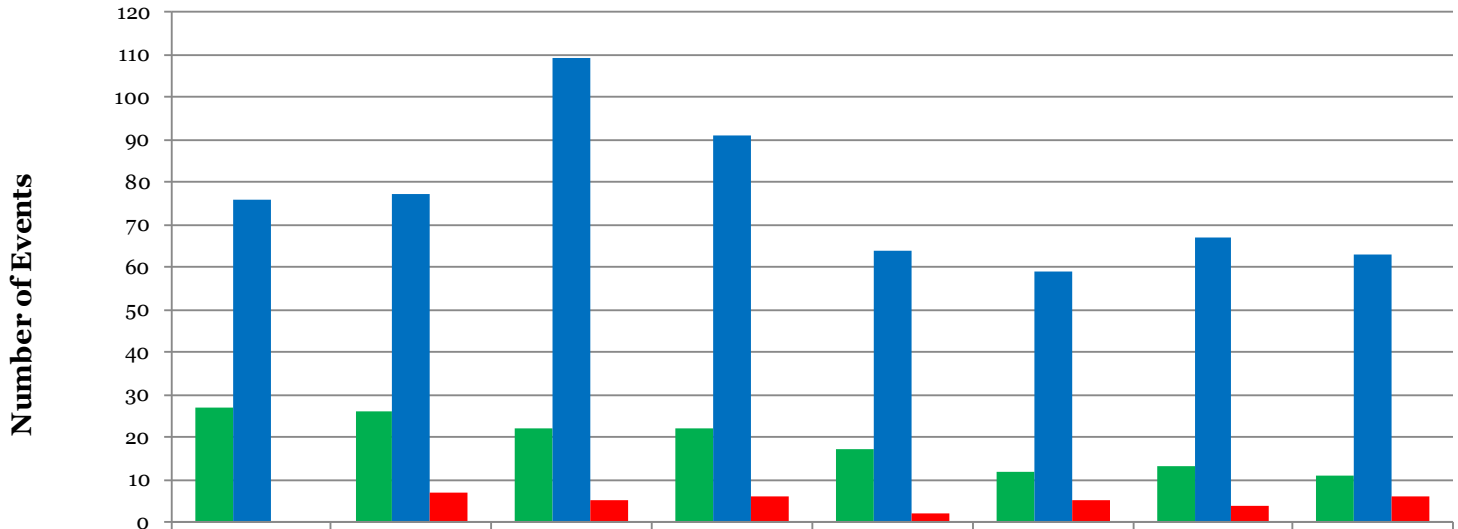
CPS Community Injuries -- Clients with 1, 2 or more Injuries



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# CPS Commuity Clients with 1 Injury	31	28	38	31	28	22	13	25
# CPS Commuity Clients with 2 Injuries	0	0	0	0	0	0	0	0
# CPS Commuity Clients with 3+ Injuries	0	0	0	0	0	0	0	0

NOTE: This includes injuries requiring medical intervention or hospitalization and would identify clients with multiple injuries during each quarter, although 100% of the clients with such injuries had only 1. (Also note that 40-45,000 clients per quarter had no injuries at all.)

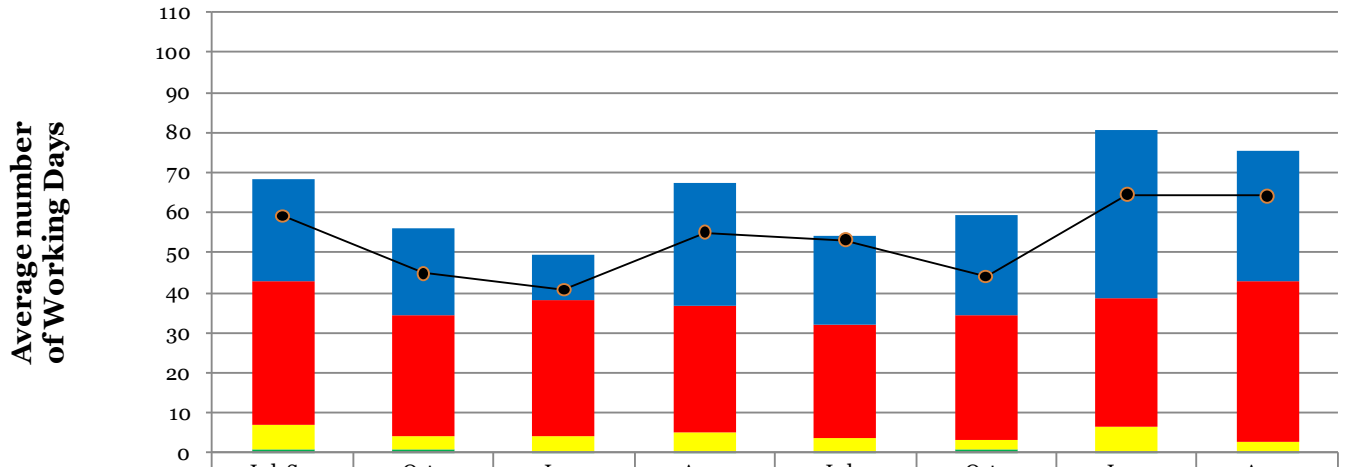
CPS Inpatient Inquiries into Potential Abuse/Neglect Allegations



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Inpt A/N Investigations Opened	27	26	22	22	17	12	13	11
CPS Inpt Inquiries	76	77	109	91	64	59	67	63
CPS Inpt Decisions Pending	0	7	5	6	2	5	4	6

NOTE: If an allegation is made but has not yet been assigned an investigation or inquiry it is counted as "pending" above. If an event initial had an inquiry but then an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases under review. Also note that a "decision" to open an investigation is only the start of the investigation process -- when a final judgment is made regarding an allegation that is called a "determination" and the investigation is completed.

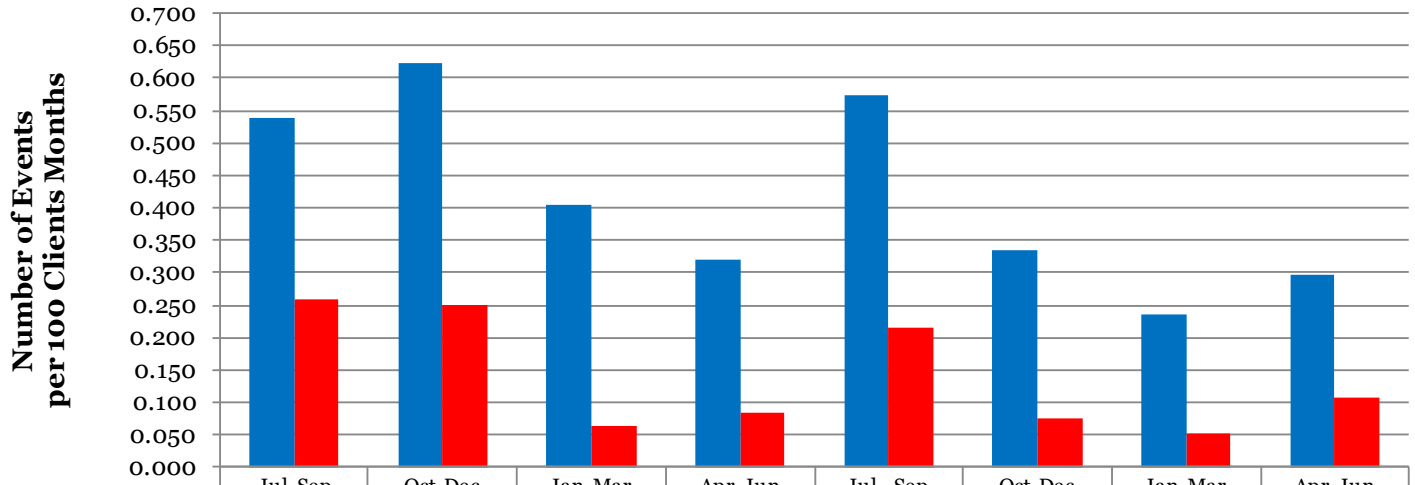
Duration of Investigation Process for CPS Inpatient



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
CPS Inpt Investigation Event Count	26	32	16	17	22	13	8	13
CPS Inpt: Inv. Final Report to Final Determination	25.62	21.67	11.15	30.65	22.29	24.95	41.75	32.20
CPS Inpt: Inv. Request to Inv. Final Report	35.81	30.13	34.19	31.64	28.05	31.52	32.13	40.38
CPS Inpt: Event Report to Inv. Request	6.04	3.63	3.44	4.76	3.59	2.23	6.25	2.31
CPS Inpt: Event Discovery to Event Report	0.96	0.66	0.50	0.29	0.32	0.85	0.38	0.38
CPS Inpt: "Typical" Inv Total Time	59.18	44.85	40.68	55.10	53.14	44.09	64.49	64.14

NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of typical cases as defined by the 90% probability distribution of the times for each stage of the investigation.

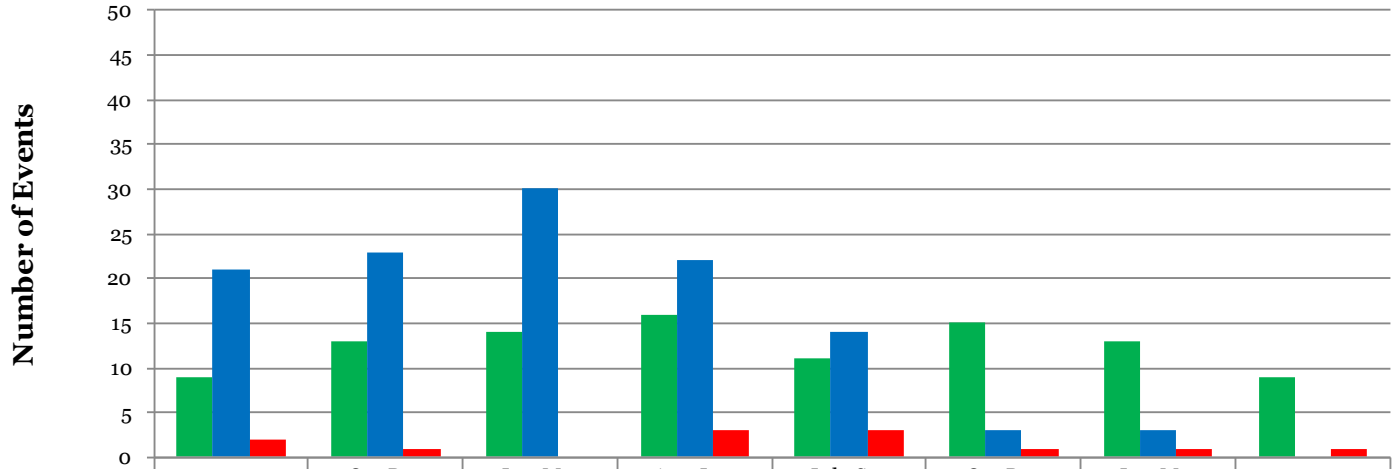
CPS Inpatient Abuse / Neglect Investigations



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
CPS Inpt A/N Investigations Completed	27	30	19	15	24	13	9	11
A/N Investigations per 100 consumers/mo	0.54	0.62	0.41	0.32	0.57	0.33	0.24	0.30
Inpt A/N Substantiations	13	12	3	4	9	3	2	4
A/N Substantiations per 100 consumers/mo	0.26	0.25	0.06	0.09	0.21	0.08	0.05	0.11
Unduplicated Client-month count	5004	4822	4689	4676	4194	3895	3827	3723

NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Often, such measures are taken as a proportion of 1000 pt-days for inpatient events, but here we are using per 100 unique consumers per month in order to use the same measure as community rate.

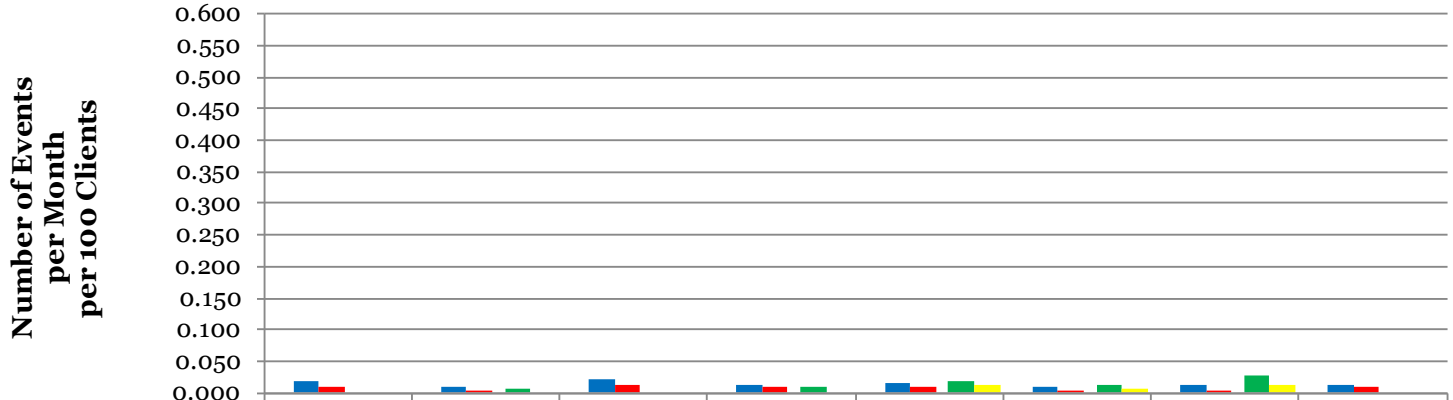
CPS Community Inquiries into Potential Abuse/Neglect Allegations



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
CPS Community A/N Investigations Opened	9	13	14	16	11	15	13	9
CPS Community Inquiries	21	23	30	22	14	3	3	0
CPS Community Decisions Pending	2	1	0	3	3	1	1	1

NOTE: This shows both SCL and CMHC cases. If an allegation is made but has not yet been assigned an investigation or inquiry it is counted as "pending" above. If an event initial had an inquiry but then an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases. Also note that a "decision" to open an investigation is only the start of the investigation process -- when a final judgment is made regarding an allegation that is called a "determination" and the investigation is completed.

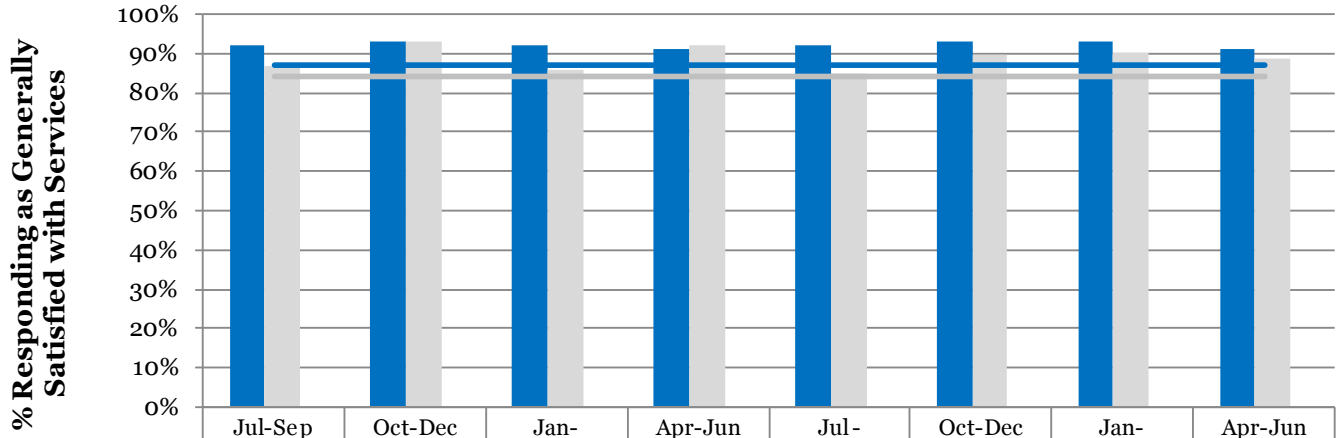
CPS Community Abuse / Neglect Investigations



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# Adult Consumers/month	29845	29184	28884	27796	25766	23947	25323	31418
Adult Community A/N Investigations Completed	17	9	18	11	13	6	10	12
Adult A/N Investigations per 100 consumers/mo	0.019	0.010	0.021	0.013	0.017	0.008	0.013	0.013
Adult Community A/N Substantiations	9	3	10	7	7	3	3	8
Adult A/N Substantiations per 100 consumers/mo	0.010	0.003	0.012	0.008	0.009	0.004	0.004	0.008
# Youth Consumers/month	5629	6547	6529	6419	5637	5623	5877	7420
Youth Community A/N Investigations Closed	0	1	0	2	3	2	5	0
Youth A/N Investigations per 100 consumers/mo	0.000	0.005	0.000	0.010	0.018	0.012	0.028	0.000
Youth Community A/N Substantiations	0	0	0	0	2	1	2	0
Youth A/N Substantiations per 100 consumers/mo	0.000	0.000	0.000	0.000	0.012	0.006	0.011	0.000

NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. The above statistics do not include substantiations with only Neglect 2 ar Verbal Abuse findings, but do include both SCL and CMHC cases.

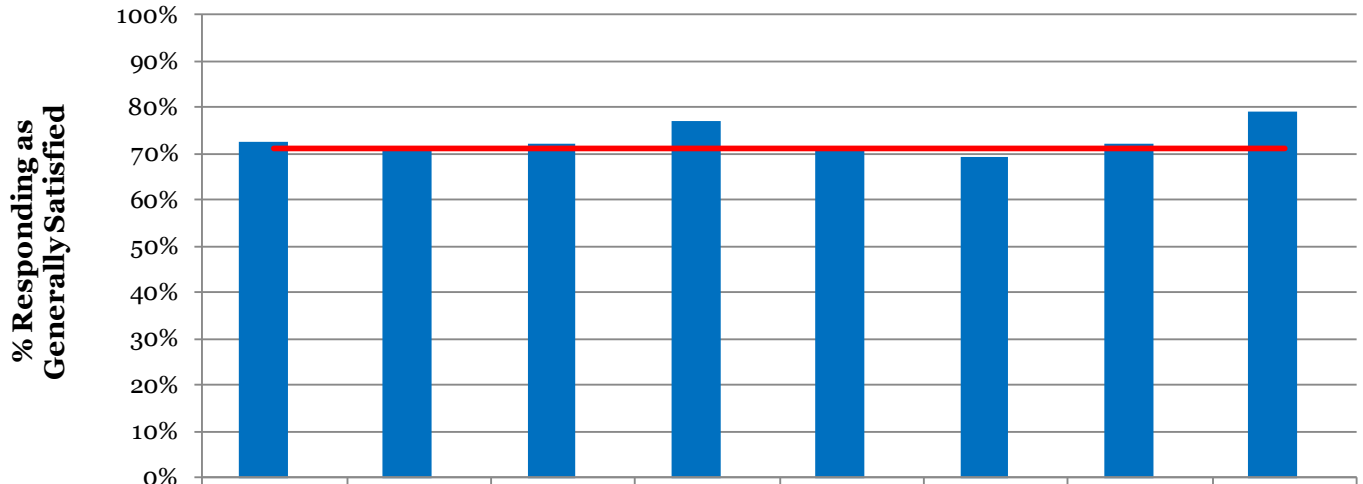
CPS Community Client General Satisfaction with Services



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Adult Community Satisfaction Rate	92%	93%	92%	91%	92%	93%	93%	91%
Number of Adult Surveys	926	901	1138	1108	1140	1061	1065	1142
Youth Community Satisfaction Rate	87%	93%	86%	92%	85%	90%	90%	89%
Number of Youth Surveys	107	127	228	161	179	158	178	181
National Adult Satisfaction Rate	87%	87%	87%	87%	87%	87%	87%	87%
National Youth Staisfaction Rate	84%	84%	84%	84%	84%	84%	84%	84%

NOTE: Taken from the CPS Adult and Youth Satisfaction Surveys using national standard MHSIP questions. **SIGNIFICANCE: Both adult clients and the families of youth in CPS services report high rates of satisfaction with the services they receive in the community. These rates compare favorably to other satisfaction rates in other states as reported on identical and nationally standardized questionnaires.**

CPS Inpatient Satisfaction

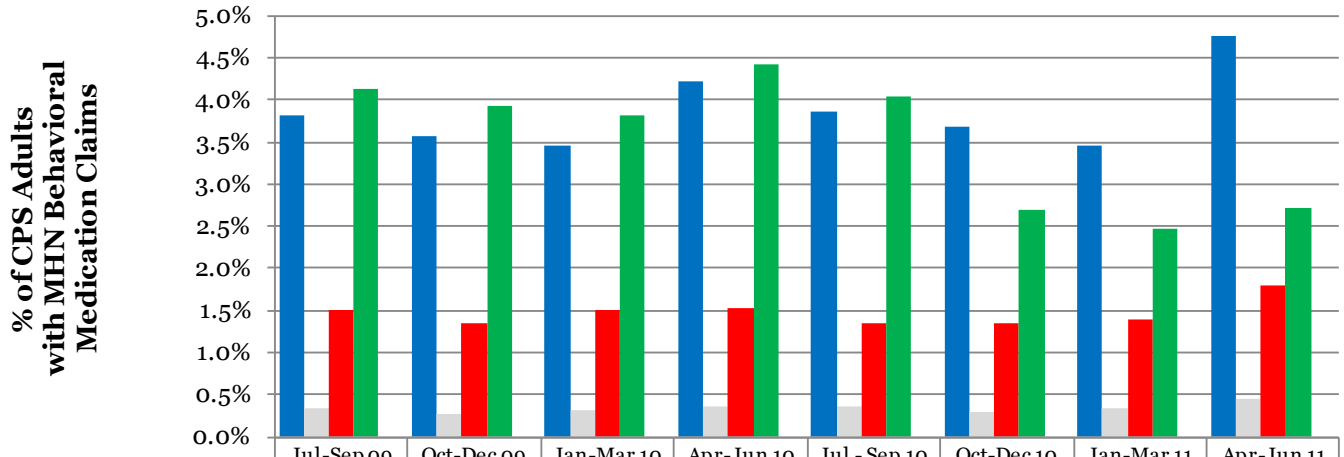


	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
CPS Inpt General Satisfaction Rate	73%	71%	72%	77%	71%	69%	72%	79%
Number of Inpt Surveys	590	420	557	544	235	213	209	85
National Inpatient Satisfaction Rate	71%	71%	71%	71%	71%	71%	71%	71%

NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

SIGNIFICANCE: No overall trend but the general inpatient satisfaction rate compares well to similar client populations in other states using the same standardized survey instrument.

CPS Community Adult Medication Screens



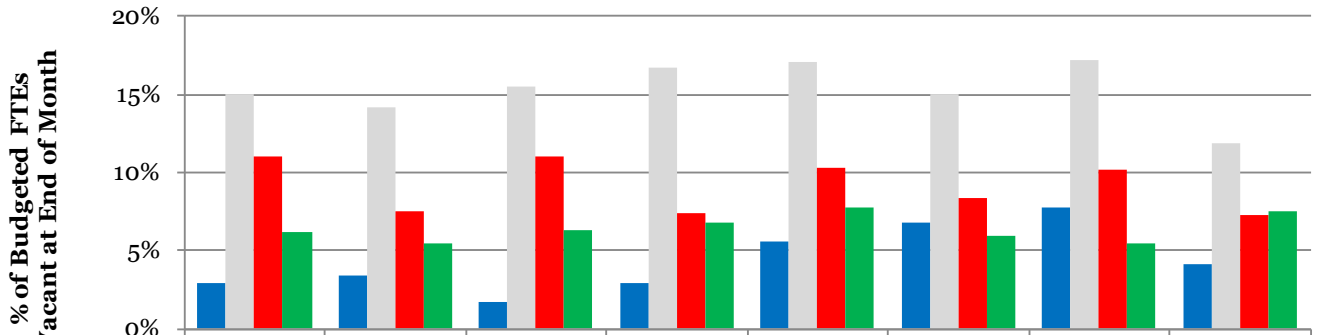
	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
% CPS Adults use of 5 or more Psychotropic Meds 60 or more days	3.8%	3.6%	3.5%	4.2%	3.9%	3.7%	3.5%	4.8%
% CPS Adults use of 3 or more Antipsychotic Meds 45 or more days	0.3%	0.3%	0.3%	0.4%	0.4%	0.3%	0.3%	0.5%
% CPS Adults on High Dose Atypical for 45 or more Days	1.5%	1.4%	1.5%	1.5%	1.3%	1.4%	1.4%	1.8%
% CPS Adults on Low Dose Atypical for 45 or more Days	4.1%	3.9%	3.8%	4.4%	4.0%	2.7%	2.5%	2.7%
CMHC Adults with MHN Behavioral Medications Claims	22797	22967	24504	25657	23883	23610	24883	25891

NOTE: Taken from " Missouri CMHC Behavioral Pharmacy Management Program" reports.
Oct-Dec 10 forward: Low Dose Indicator modified due to FDA change, resulting in approx. 1/3 fewer individuals flagged. Abilify at low dose no longer flagged if an antidepressant has been prescribed within the 3 month reporting period. Apr-Jun quarter increase (both years) is annual cycle believed to be due to "donut hole" -- insurance coverage is exhausted as year progresses, then renews annually.

CPS Community Youth Prescribed Multiple Behavioral Health Medications

An error was discovered in the programming of this data, therefore, this chart has been removed and will return to the report once the programming problem is resolved.

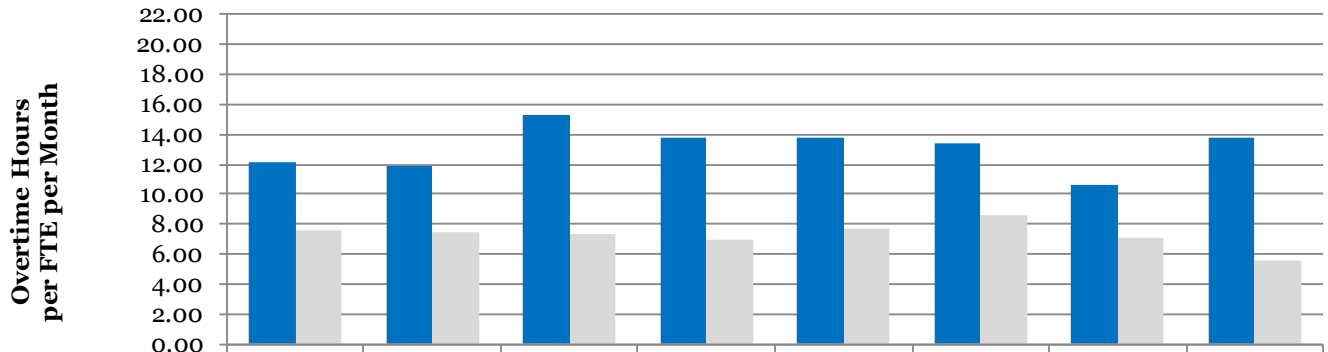
CPS Operated Facility Staff Vacancy Rates



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Direct Care Staff Vacancy Rates	2.94%	3.44%	1.70%	2.95%	5.59%	6.77%	7.79%	4.17%
Licensed Nursing Staff Vacancy Rates	15.04%	14.11%	15.47%	16.64%	17.05%	15.03%	17.19%	11.88%
Psychologist Vacancy Rates	10.96%	7.50%	11.06%	7.39%	10.31%	8.33%	10.18%	7.27%
Psychiatrist Staff Vacancy Rates	6.23%	5.40%	6.28%	6.76%	7.80%	5.91%	5.49%	7.53%

NOTE: "Direct Care" Staff includes: PA 1 and 2; SA 1 and 2; Child Psych Sup.; LPN/RN, Psychologist, Psychiatrists rates include all positions regardless of supervisory assignment.
Budgeted FTEs FY11 are: Direct Care 1511; Lic. Nurse 476; Psychology 66; Psychiatry 63.
SIGNIFICANCE: Staff vacancy rates continue to be a problem, particularly for licensed nursing staff, and are a factor in other cost and safety related metrics. The inpatient redesign process continues to have complex effects on staff vacancy rates . Improvements in Apr-Jun 11 RN numbers are likely short term.

CPS Operated Facility
Overtime Hours per FTE per Month

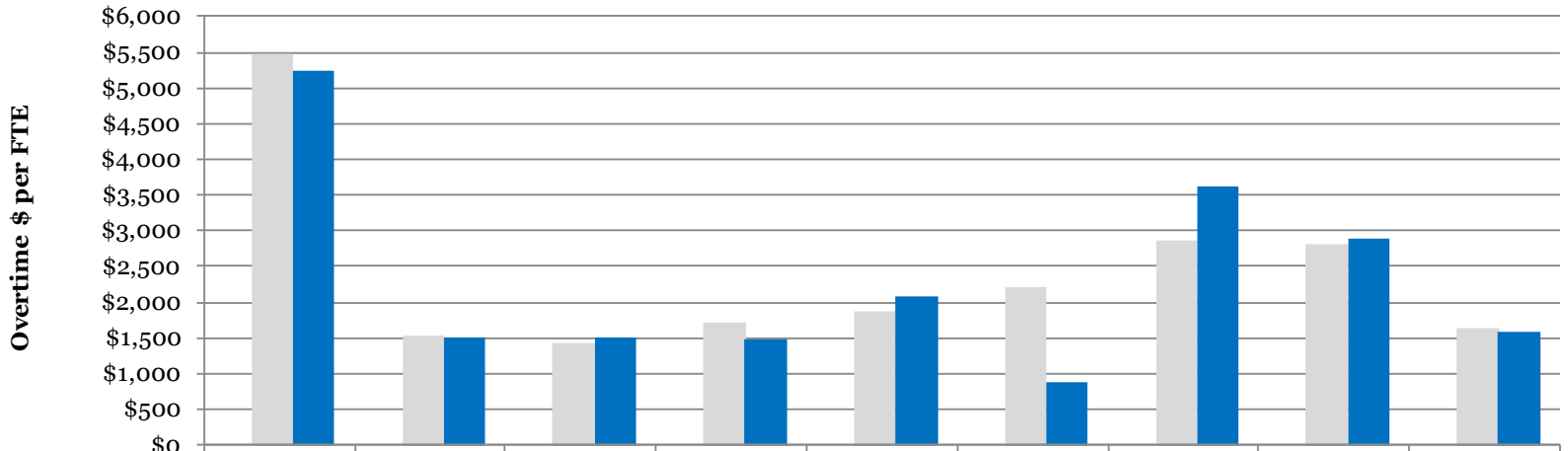


	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Direct Care Overtime Hours per FTE per month	12.17	11.94	15.22	13.73	13.80	13.44	10.62	13.81
Licensed Nursing Overtime Hours per FTE per month	7.60	7.43	7.33	6.95	7.74	8.65	7.07	5.53

NOTE: "Direct Care" Staff includes: PA 1 and 2; CATs; SA 1 and 2; Security Attendants; Child Psych Sup. All overtime hours are included whether "mandatory" or "voluntary".

SIGNIFICANCE: Facility staffing levels, even without vacancies, are near minimums required for safety. Improved RN staffing levels in most recent quarter translated into lower overtime usage, but this did not hold true for other direct care staff.

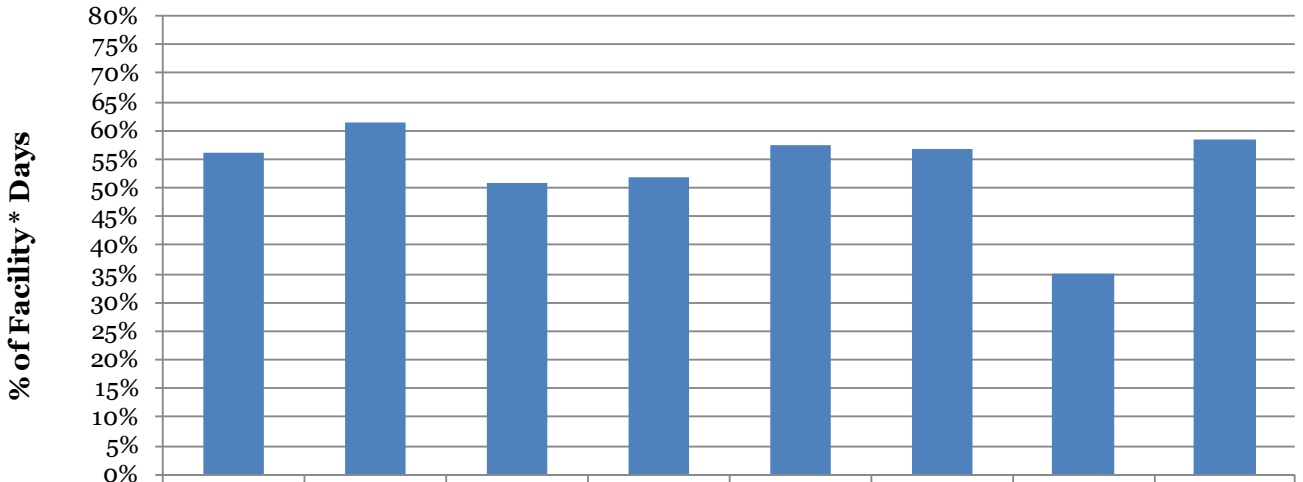
CPS Operated Facility, FY11 Overtime $ per FTE versus FY10 Overtime $ per FTE -- full FYs



	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH	CRTC
FY10 Direct Care Overtime $M	$3.549	$0.220	$0.054	$0.753	$0.523	$0.275	$0.334	$0.342	$0.100
FY10 Direct Care FTEs	647.50	144.00	38.00	441.58	280.50	124.50	116.50	121.60	61.00
Fy10 Direct Care OT $ per FTE	$5,481	$1,528	$1,421	$1,705	$1,865	$2,209	$2,867	$2,813	$1,639
FY11 Direct Care Overtime $M	$3.387	$0.219	$0.057	$0.691	$0.586	$0.100	$0.421	$0.350	$0.095
FY11 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
Fy11 Direct Care OT $ per FTE	$5,231	$1,521	$1,500	$1,483	$2,089	$873	$3,614	$2,878	$1,583

NOTE: FTEs are budgeted FTEs, and "direct care" includes all PAs, SAs, and all nursing staff.

CPS Long Term Inpatient % Days Over Staffed Capacity

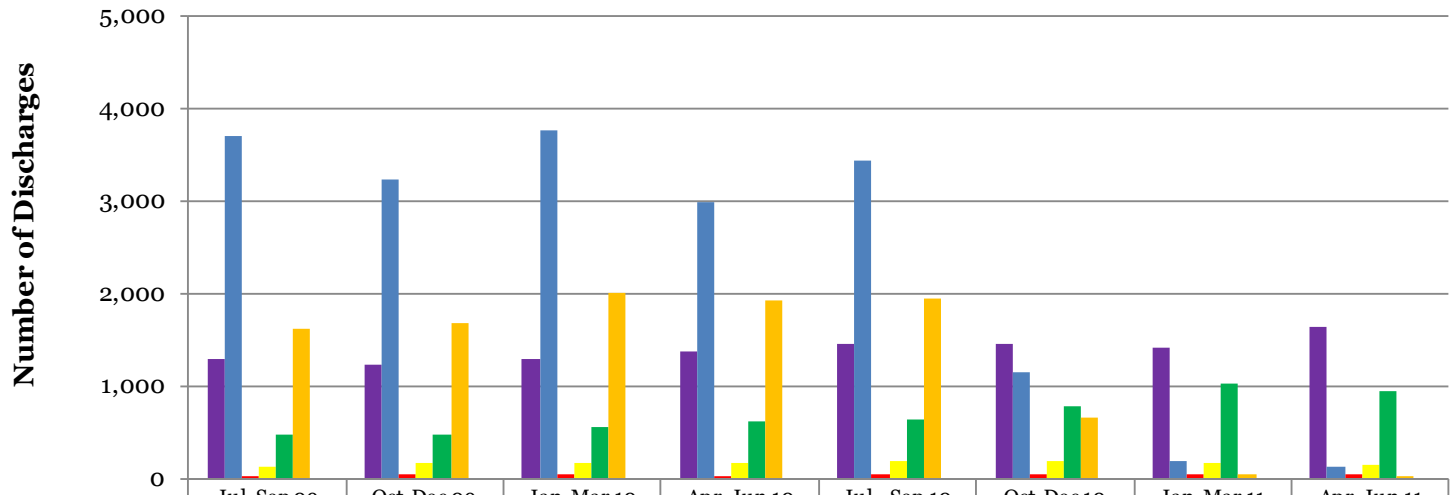


	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# LT Facility-Days over Staffed Capacity	204	226	183	189	211	209	126	213
% of Days Facility is Over Staffed LT Capacity	56.0%	61.4%	50.8%	51.9%	57.3%	56.8%	35.0%	58.5%
# LT Facility-Days in Quarter	364	368	360	364	368	368	360	364

NOTE: Each long term facility is weighted the same in this measure -- the above % is a simple average of the four long term facilities individual rates for each quarter.

SIGNIFICANCE: Long term inpatient units had been operating over staffed capacity more often than not until the Jan-Mar 11 quarter where most of the over staffed capacity days were at a single facility. For the Apr-Jun 11 quarter 2 facilities were over capacity all quarter and a third was over capacity part of the time.

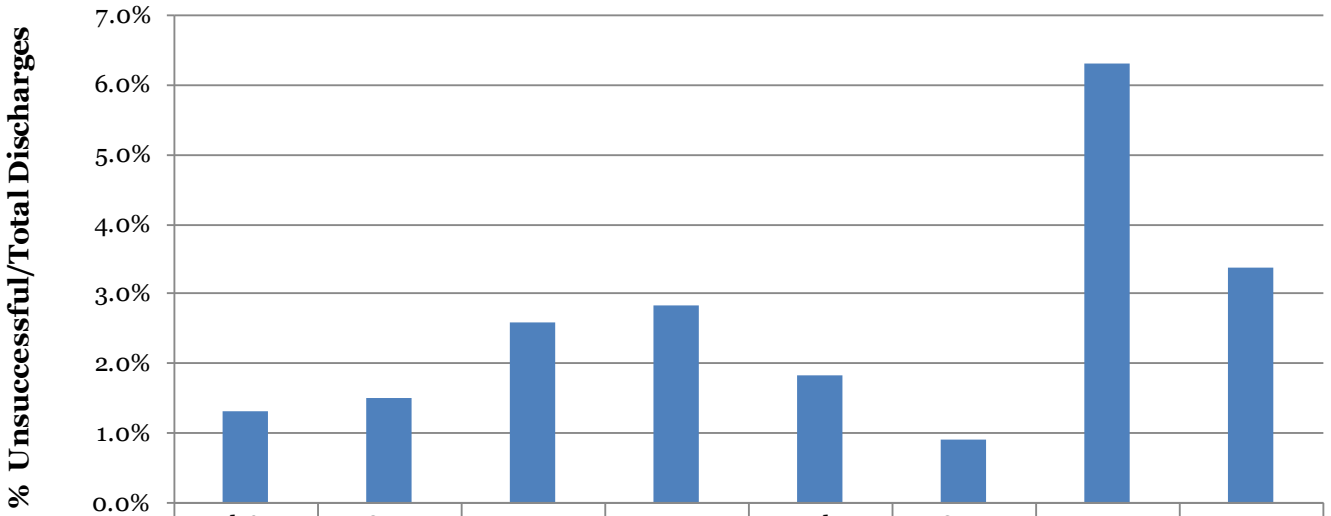
CPS Community Discharges



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Other Discharges	1293	1220	1298	1379	1442	1459	1413	1633
AutoDischarge	3703	3238	3765	2991	3435	1147	193	127
Law Enforcement Initiated	29	37	39	32	44	46	45	47
Agency Initiated	133	164	166	171	194	178	172	152
Client Initiated	469	477	559	614	632	770	1022	949
Admin. Discharge <24 hrs	1607	1683	2006	1928	1946	654	51	16
CPS Community -- Total Discharges	7234	6819	7833	7115	7693	4254	2896	2924

NOTE: Law enforcement initiated = incarcerated with or without satisfactory treatment progress; Agency initiated includes consumer would not comply plus treatment viewed as ineffective by therapist; Client initiated includes AMA, consumer dropped out, and treatment viewed as ineffective by consumer.; Autodischarge is system discharged due to inactivity for 6 months . **Admininstrative Discharge < 24 hrs are clients who either did not receive services beyond intitial screening or were transfered into non CPS sponsored services after initial screening.**

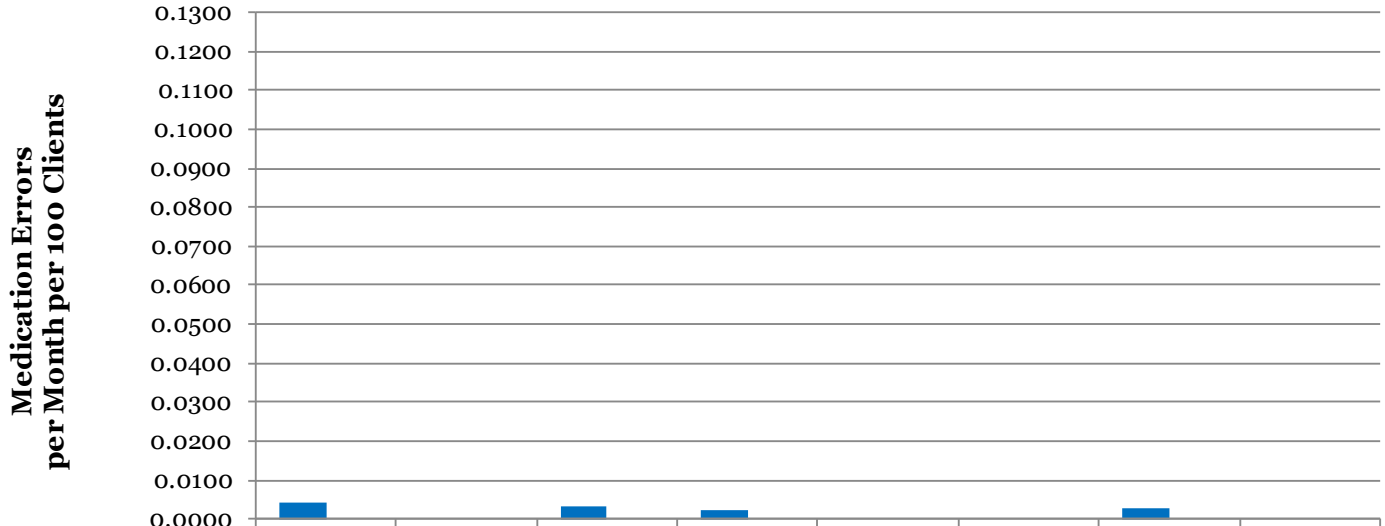
"Unsuccessful" Discharges from CPS Inpatient



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Unsuccessful Discharge Inpt #	14	13	20	22	10	3	19	8
Total Inpt Discharges	1060	869	769	776	542	328	302	237
Inpt Unsuccessful Discharge Rate	1.32%	1.50%	2.60%	2.84%	1.85%	0.91%	6.29%	3.38%

NOTE: "Unsuccessful" discharges include Against Medical Advice , Discharged from Elopement , and Transfers to higher security facility. Most of the above are transfers to higher security.

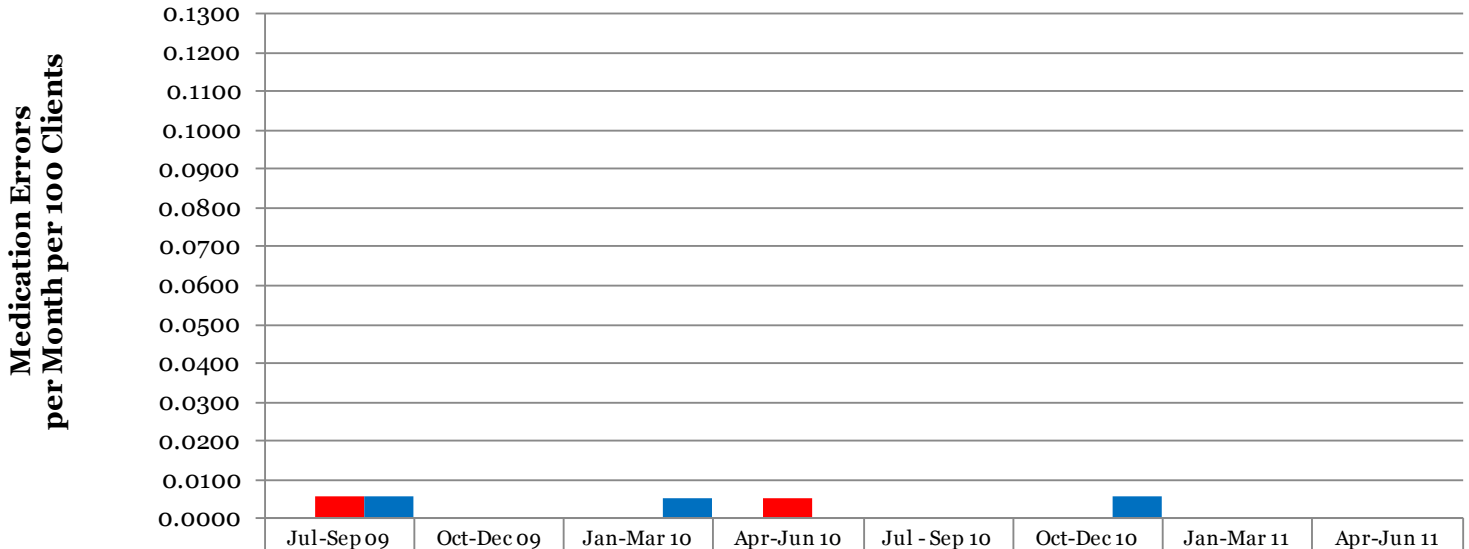
CPS Adult Community Medication Errors



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Adult "Moderate" Med Errors	4	0	3	2	0	0	2	0
Adult "Moderate" Med Errors per 100 consumers/mo	0.004	0.000	0.003	0.002	0.000	0.000	0.003	0.000
Adult "Serious" Med Errors	0	0	0	0	0	0	0	0
Adult "Serious" Med Errors per 100 consumers/mo	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
# Adult Consumers/month	29845	29184	28884	27796	25766	23947	25323	31418

NOTE: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.

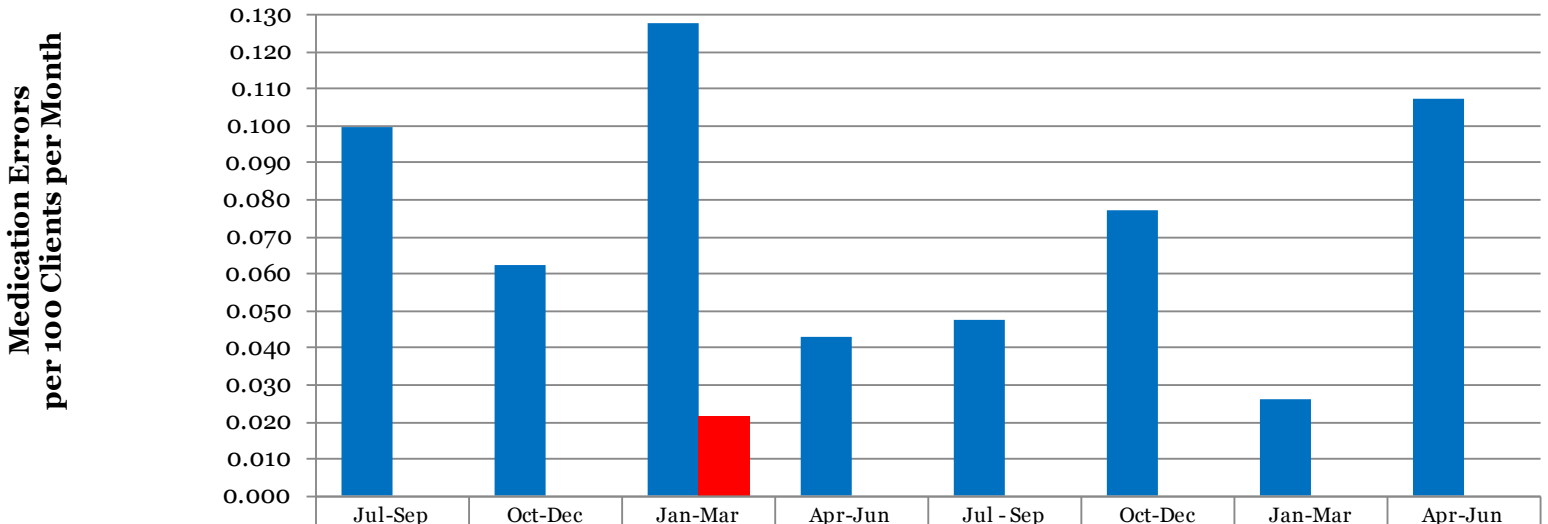
CPS Youth Community Medication Errors



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# Youth Consumers/month	5629	6547	6529	6419	5637	5623	5877	7420
Youth "Serious" Med Errors	1	0	0	1	0	0	0	0
Youth "Serious" Med Errors per 100 consumers/mo	0.006	0.000	0.000	0.005	0.000	0.000	0.000	0.000
Youth "Moderate" Med Errors	1	0	1	0	0	1	0	0
Youth "Moderate" Med Errors per 100 consumers/mo	0.006	0.000	0.005	0.000	0.000	0.006	0.000	0.000

NOTE: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.

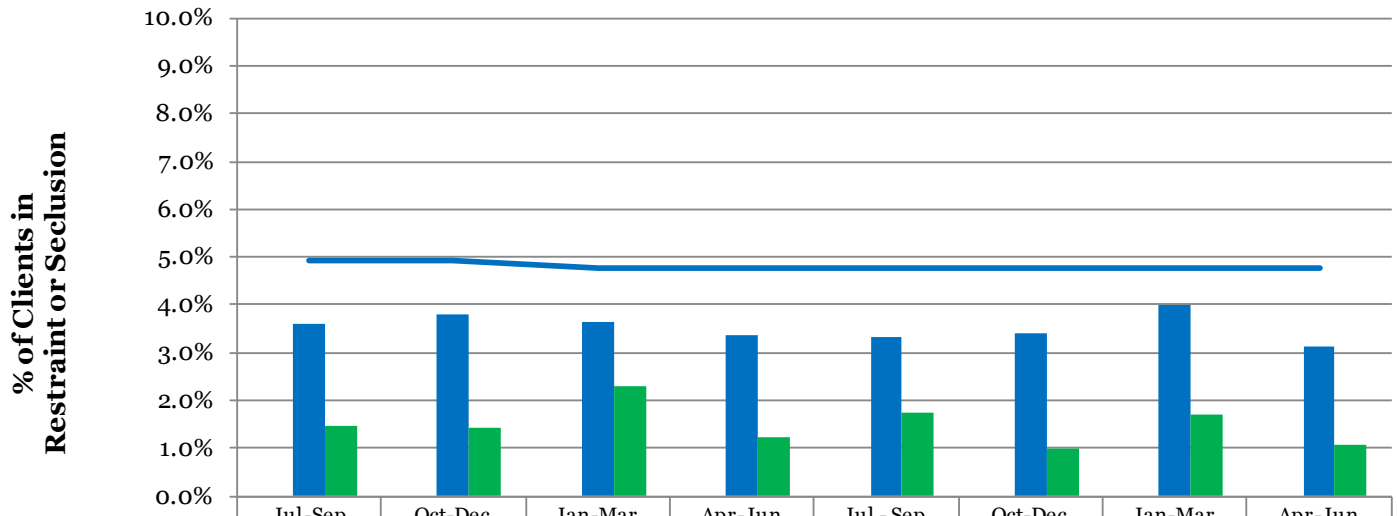
CPS Inpatient Medication Errors



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Inpt "Moderate" Med Errors	5	3	6	2	2	3	1	4
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.100	0.062	0.128	0.043	0.048	0.077	0.026	0.107
Inpt "Serious" Med Errors	0	0	1	0	0	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.000	0.000	0.021	0.000	0.000	0.000	0.000	0.000
Unduplicated Client-month count	5004	4822	4689	4676	4194	3895	3827	3723

SIGNIFICANCE: "Minimal" severity med errors are tracked and reviewed for inpatient but not shown here in order to emphasiize the rarer but higher profile categories of error: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.

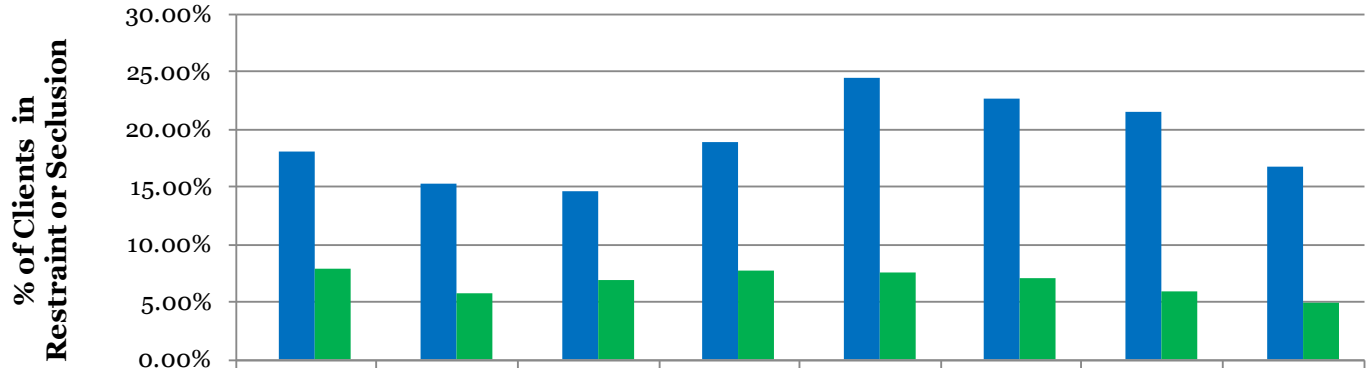
CPS Inpatient Adult Restraint & Seclusion Use



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# non FSH Adult Clients in Restraints	121	121	112	101	91	88	103	81
% non FSH Adult Clients in Restraints	3.59%	3.79%	3.64%	3.34%	3.34%	3.40%	3.98%	3.14%
% non FSH Adult Clients in Seclusion	1.45%	1.44%	2.31%	1.23%	1.73%	1.01%	1.70%	1.08%
# non FSH Adult Clients in Seclusion	49	46	71	37	47	26	44	28
National Adult Restraint Rate	4.92%	4.92%	4.77%	4.77%	4.77%	4.77%	4.77%	4.77%
National Adult Seclusion Rate	3.12%	3.12%	2.83%	2.83%	2.83%	2.83%	2.83%	2.83%

SIGNIFICANCE: This graph excludes FSH and illustrates that adult inpatient programs outside of FSH have restraint and seclusions rates that compare favorably to the national benchmark rates. Even so, various projects are under way around the state to help reduce reliance on restraint and seclusion.

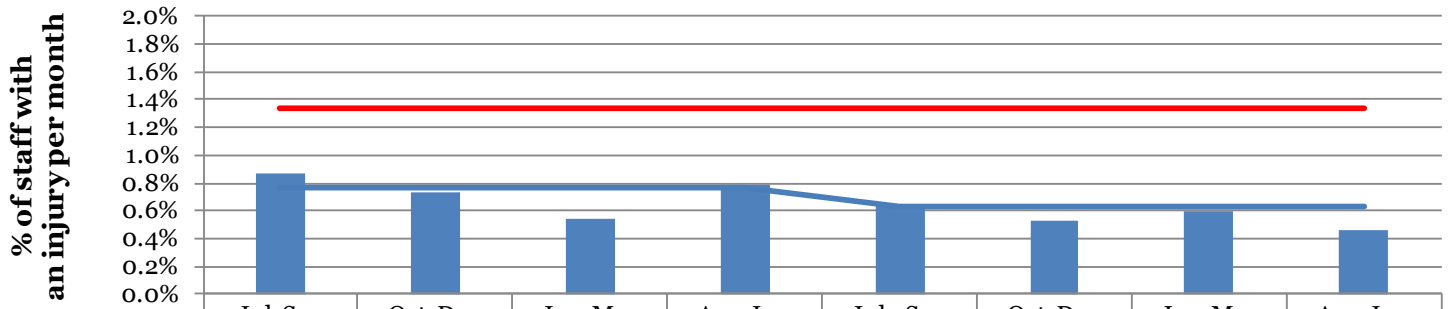
CPS Inpatient Youth Restraint & Seclusion Use



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# Youth in Restraints	48	42	38	56	61	57	51	41
% Youth in Restraints (per month)	18.18%	15.38%	14.73%	18.98%	24.50%	22.71%	21.52%	16.73%
# Youth in Seclusion	21	16	18	23	19	18	14	12
% Youth in Seclusion (per month)	7.95%	5.86%	6.98%	7.80%	7.63%	7.17%	5.91%	4.90%

SIGNIFICANCE: The youth restraint use rate has been slowly trending down but is not yet back down to the relative lows of a year ago. This more recent trend of gradual improvement needs to continue to reestablish the progress that bad been underway in FY10. Seclusion use has mirrored the restraint trends somewhat but has returned more rapidly to the lower rates established a year ago.
We do not have benchmark rates specific to youth for restraint and seclusion, but NRI age stratification reports confirm significantly higher rates of restraint and seclusion for youth inpatient compared to adult inpatient nationwide.

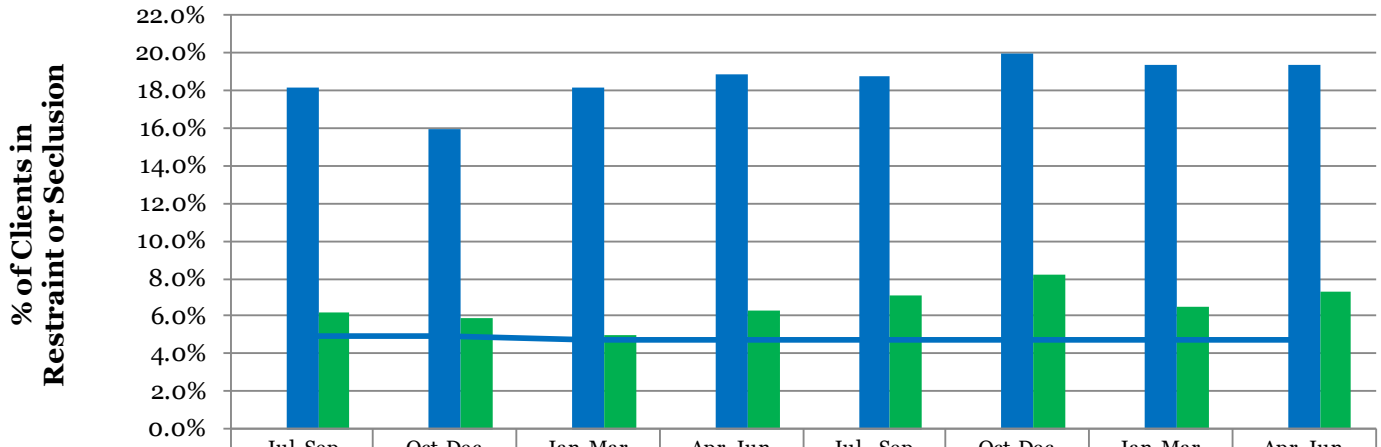
CPS Inpatient Direct Care Staff Injuries



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
Staff Injuries / month	34	29	21	31	25	21	23	18
Staff FTEs	3923	3923	3923	3923	3923	3923	3923	3923
% of Staff w/ Injuries	0.87%	0.74%	0.54%	0.79%	0.64%	0.53%	0.59%	0.46%
National Staff Injury Rate	0.77%	0.77%	0.77%	0.77%	0.63%	0.63%	0.63%	0.63%
% DD Staff w/ Injuries	1.34%	1.34%	1.34%	1.34%	1.34%	1.34%	1.34%	1.34%

NOTE: Includes injuries requiring any medical care or hospitalization, but not first aid only. National average for inpatient staff in SFY 2010 (ORYX) was .77% of staff per month. (National rate is reported as per 1000 inpatient days, converted here into per FTE using Missouri inpatient days per FTE.)
SIGNIFICANCE: There has been an overall trend of declining staff injury rates for these 8 quarters. The rates appear to have stabilized to a level at or below the national benchmark rate. It should be noted that at such levels of injury the provision of psychiatric care remains a very high risk profession compared to other career opportunities

Fulton State Hospital Restraint & Seclusion Use

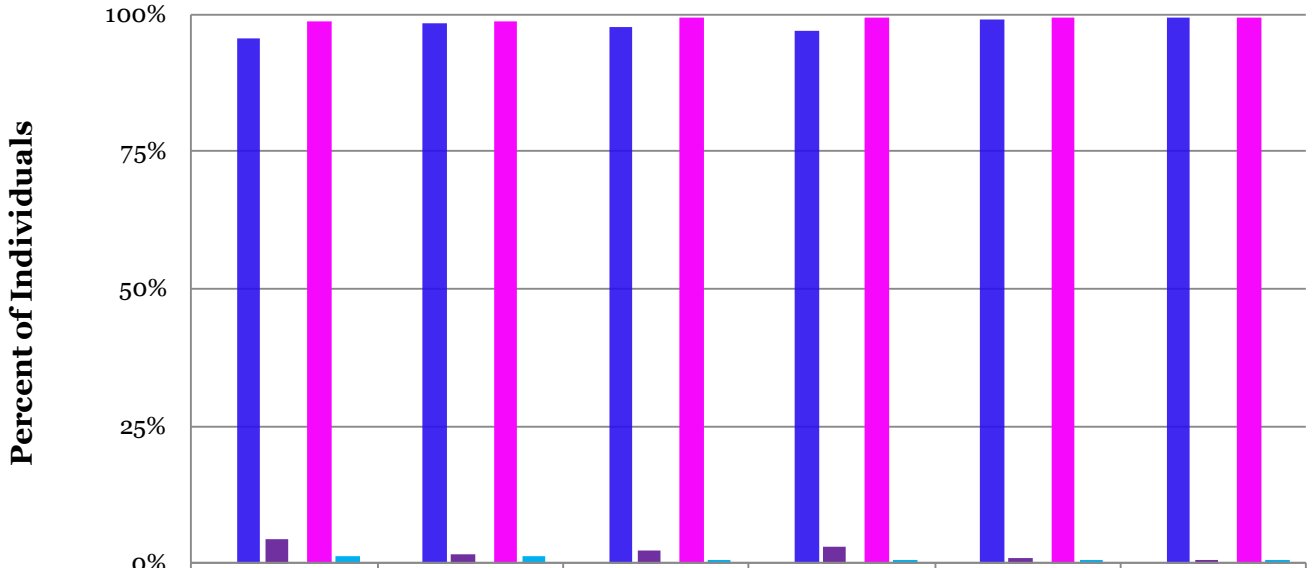


	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul - Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
# FSH Clients in Restraints	248	217	246	256	229	211	194	173
% FSH Clients in Restraints (per month)	18.14%	15.96%	18.15%	18.81%	18.76%	19.96%	19.38%	19.31%
% FSH Clients in Seclusion (per month)	6.14%	5.88%	4.94%	6.32%	7.13%	8.23%	6.49%	7.25%
# FSH Clients in Seclusion	84	80	67	86	87	87	65	65
National Adult Restraint Rate	4.92%	4.92%	4.77%	4.77%	4.77%	4.77%	4.77%	4.77%
National Adult Seclusion Rate	3.12%	3.12%	2.83%	2.83%	2.83%	2.83%	2.83%	2.83%

SIGNIFICANCE: CPS has several projects under way to help reduce reliance on restraint use, but to date these efforts at FSH in particular have had more impact on the duration of restraint episodes than on the % of clients requiring physical restraint. FSH seclusion usage is also above the national benchmark rate for seclusion, but as with the restraint benchmark rate the benchmark includes all lower security level facilities.

Division of Developmental Disabilities

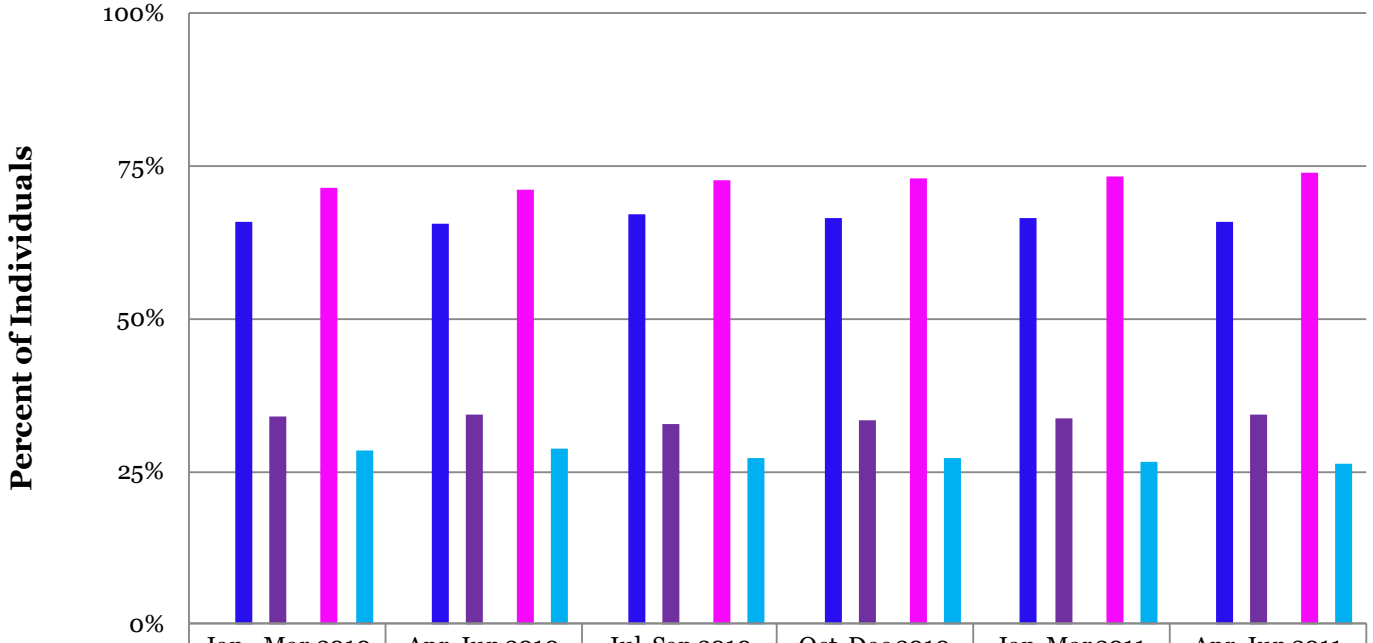
Division of DD Residential Medicaid Eligibility



	Jan - Mar 2010	Apr- Jun 2010	Jul-Sep 2010	Oct- Dec 2010	Jan- Mar 2011	Apr- Jun 2011
# Individuals Served in Hab Centers	704	688	675	637	605	575
# HC Individuals Medicaid Eligible	672	676	659	617	599	571
% HC Individuals Medicaid Eligible	95%	98%	98%	97%	99%	99%
# HC Individuals Not Medicaid Eligible	32	12	16	20	6	4
% HC Individuals Not Medicaid Eligible	5%	2%	2%	3%	1%	1%
# Individuals Served in Community Residential	6411	6440	6232	6290	6306	6364
# Individuals Community Medicaid Eligible	6321	6352	6199	6252	6271	6328
% Individuals Community Medicaid Eligible	99%	99%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	90	88	33	38	35	36
% Individuals Community Not Medicaid Eligible	1%	1%	1%	1%	1%	1%

Note: Medicaid data first reported FY 10 Quarter 3.

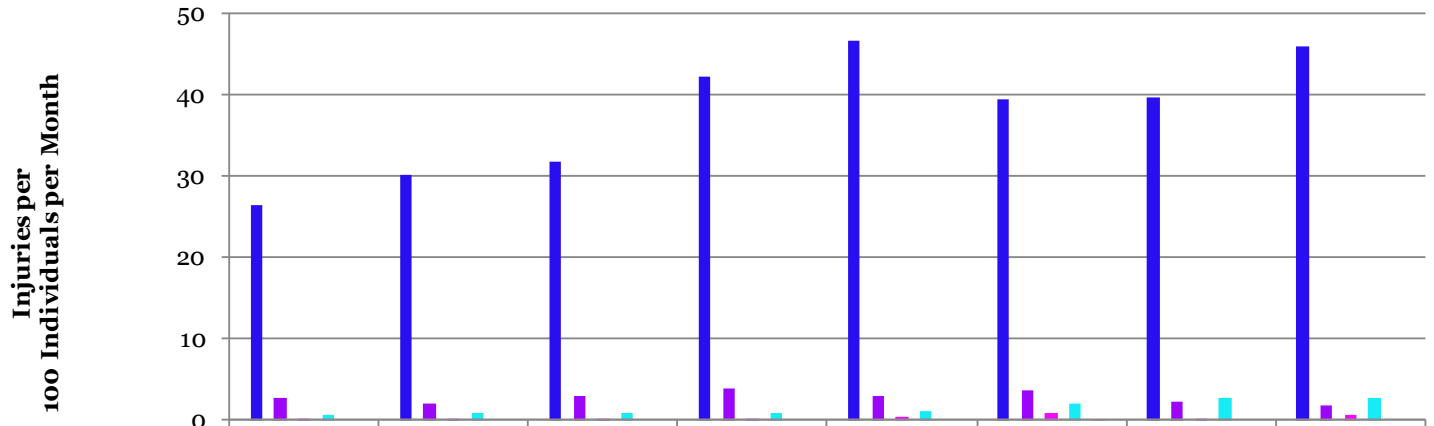
Divison of DD Non-Residential Medicaid Eligibility



	Jan - Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
# Individuals served in Case Management (CM) Only	12658	13481	13957	14309	14349	14418
# Individuals CM Only Medicaid Eligible	8356	8859	9385	9533	9522	9490
% Individuals CM Only Medicaid Eligible	66%	66%	67%	67%	66%	66%
# Individuals Case Management Only Not Medicaid Eligible	4302	4622	4572	4776	4827	4928
% Individuals CM Only Not Medicaid Eligible	34%	34%	33%	33%	34%	34%
# Individuals Served in Other Services	9157	9197	9127	9259	9282	9337
# Individuals Other Services Medicaid Eligible	6557	6557	6643	6750	6808	6896
% Individuals Other Services Medicaid Eligible	72%	71%	73%	73%	73%	74%
# Individuals Other Services Not Medicaid Eligible	2600	2640	2484	2509	2474	2441
% Individuals Other Services Not Medicaid Eligible	28%	29%	27%	27%	27%	26%

Note: Medicaid data first reported FY 10 Quarter 3.

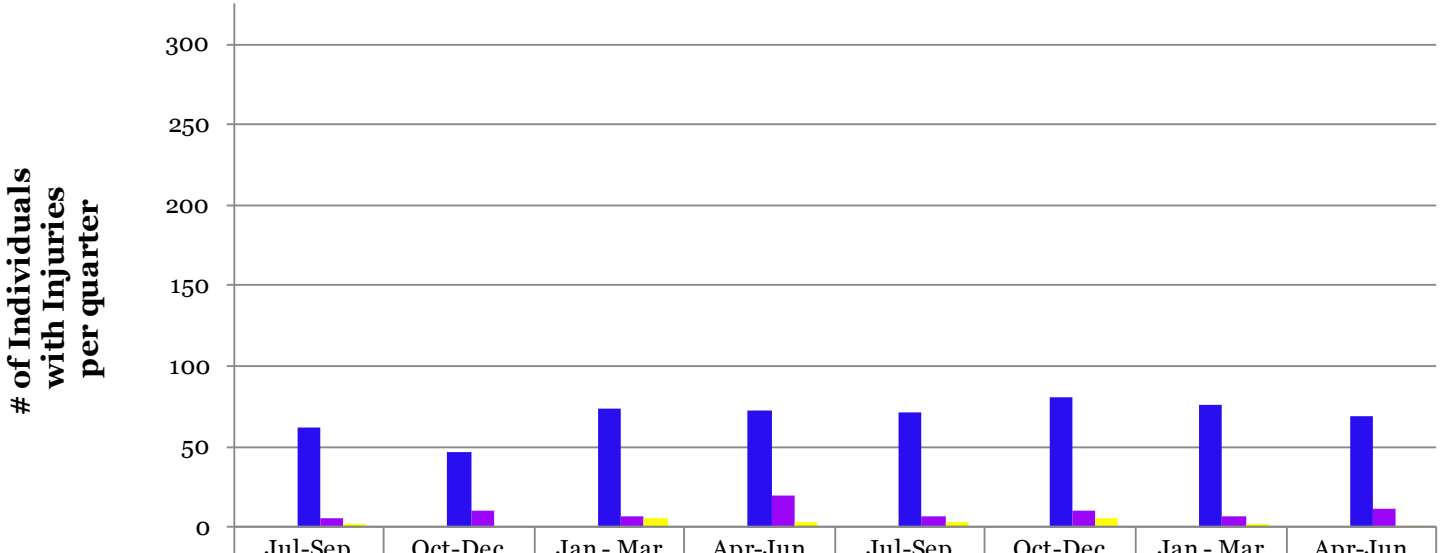
Division of DD Habilitation Center
Injuries per 100 Individuals



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
# HC Injuries Resulting in First Aid	582	648	670	873	943	753	719	794
HC Injuries Resulting in First Aid per 100 Individuals/month	26.5	30.1	31.7	42.3	46.6	39.4	39.6	46.0
# HC Injuries Resulting in Medical Intervention	60	44	66	81	59	69	42	33
HC Injuries Resulting in Medical Intervention per 100 Individuals/month	2.7	2.0	3.1	3.9	2.9	3.6	2.3	1.9
# HC Injuries Resulting in Hospitalization	6	3	2	6	7	16	5	13
HC Injuries Resulting in Hospitalization per 100 Individuals/month	0.3	0.1	0.1	0.3	0.3	0.8	0.3	0.8
# HC Injuries Resulting in Emergency Room Visits	15	21	21	20	23	38	49	47
HC Injuries Resulting in Emergency Room Visits per 100 Individuals/month	0.7	1.0	1.0	1.0	1.1	2.0	2.7	2.7
# HC Injuries Resulting in Death	0	0	0	0	0	2	0	0
HC Injuries Resulting in Death per 100 Individuals/month	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
# Consumers in Hab Centers	733	718	704	688	675	637	605	575

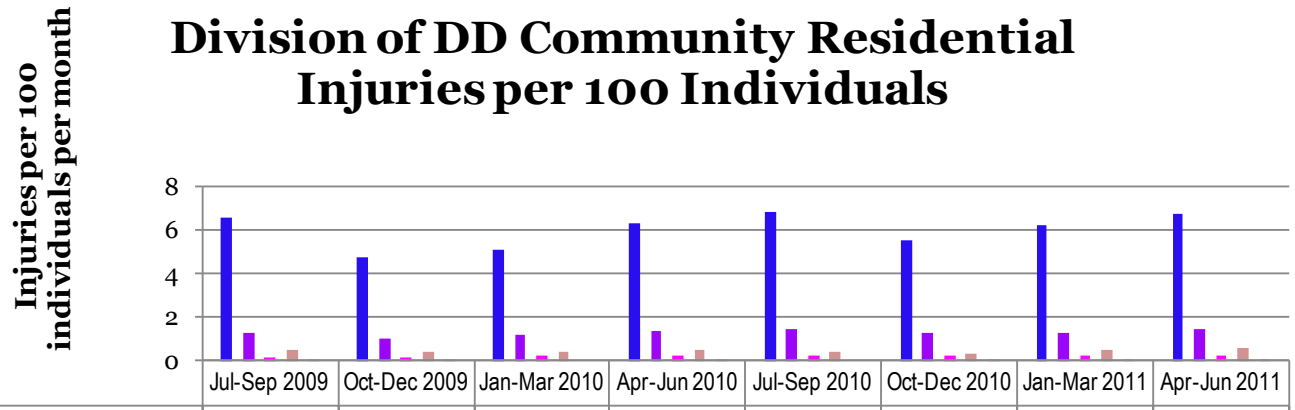
NOTE: Medical intervention denotes care requiring attention by a licensed professional and could occur either on campus or in the community. Hospitalization and ER visits would be off campus at community hospitals.

Division of DD Habilitation Center
Individuals with 0, 1, 2, or 3+ Injuries



	Jul-Sep 2009	Oct-Dec 2009	Jan - Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan - Mar 2011	Apr-Jun 2011
# Hab Center Individuals	733	718	704	688	675	637	605	575
# Hab Center Individuals with No Injuries	676	632	608	607	579	541	520	494
# Hab Center Individuals with Exactly 1 Injury	62	47	74	73	71	81	76	69
# Hab Center Individuals with Exactly 2 Injuries	6	10	7	20	7	10	7	11
# Hab Center Individuals with 3+ Injuries	2	0	5	3	3	5	2	1

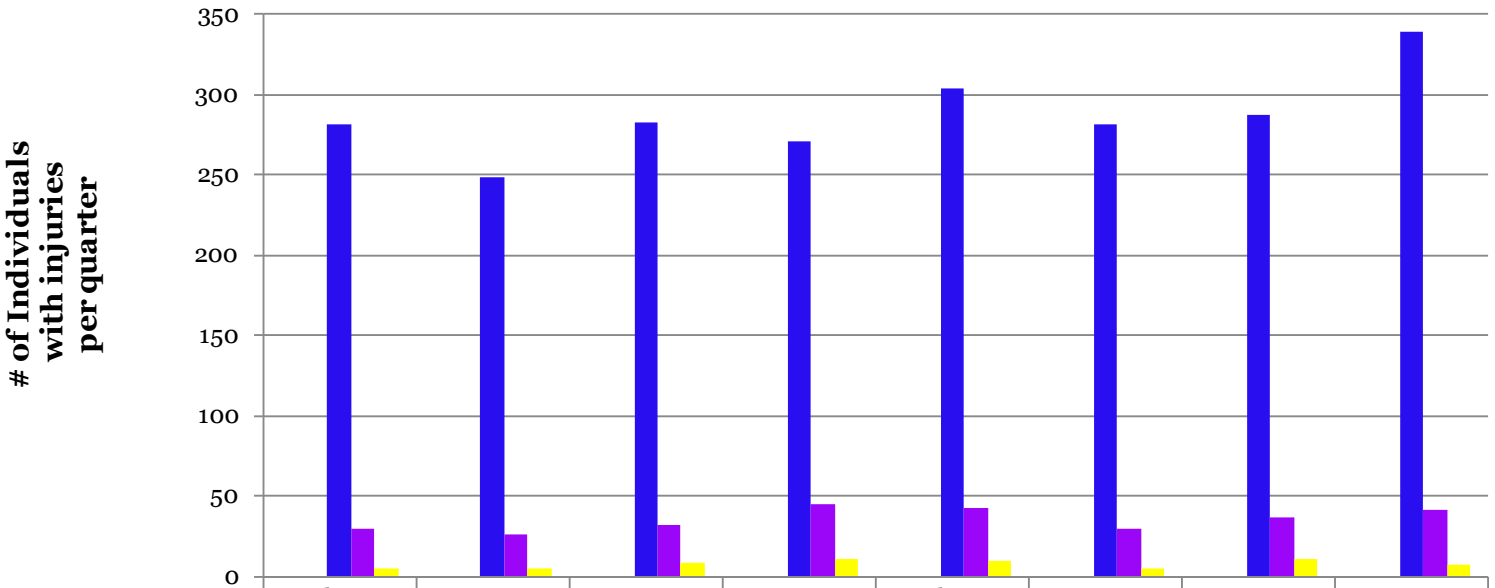
NOTE: An injury is defined as that which required treatment of more than minor first aid.



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
# Community Injuries Resulting in First Aid	1237	931	977	1231	1276	1043	1180	1293
Community Injuries Resulting in First Aid per 100 Individuals/month	6.6	4.7	5.1	6.4	6.8	5.5	6.2	6.8
# Community Injuries Resulting in Medical Intervention	239	206	228	274	278	248	252	275
Community Injuries Resulting in Medical Intervention per 100 Individuals/month	1.3	1.0	1.2	1.4	1.5	1.3	1.3	1.4
# Community Injuries Resulting in Hospitalization	31	38	54	41	39	46	45	52
Community Injuries Resulting in Hospitalization per 100 Individuals/month	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3
# Community Injuries Resulting in Emergency Room Visits	89	83	75	93	87	71	101	116
Community Injuries Resulting in ER Visits per 100 Individuals/month	0.5	0.4	0.4	0.5	0.5	0.4	0.5	0.6
# Community Injuries Resulting in in Death	1	1	0	3	0	2	3	4
Community Injuries Resulting in Death per 100 Individuals/month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# Community Residential Individuals	6290	6541	6411	6440	6232	6290	6306	6364

NOTE: The increase in census numbers in the July 2009-Mar 2010 quarters is due in part to data correction of program codes in the CIMOR system. Medical intervention denotes care requiring attention by a licensed professional and for community individuals indicates care provided in primary care physician's office or urgent care center. The four injuries resulting in death reported in the most recent quarter are further categorized as: accidents (one due to a fall and then hitting head and three related to the Joplin tornado).

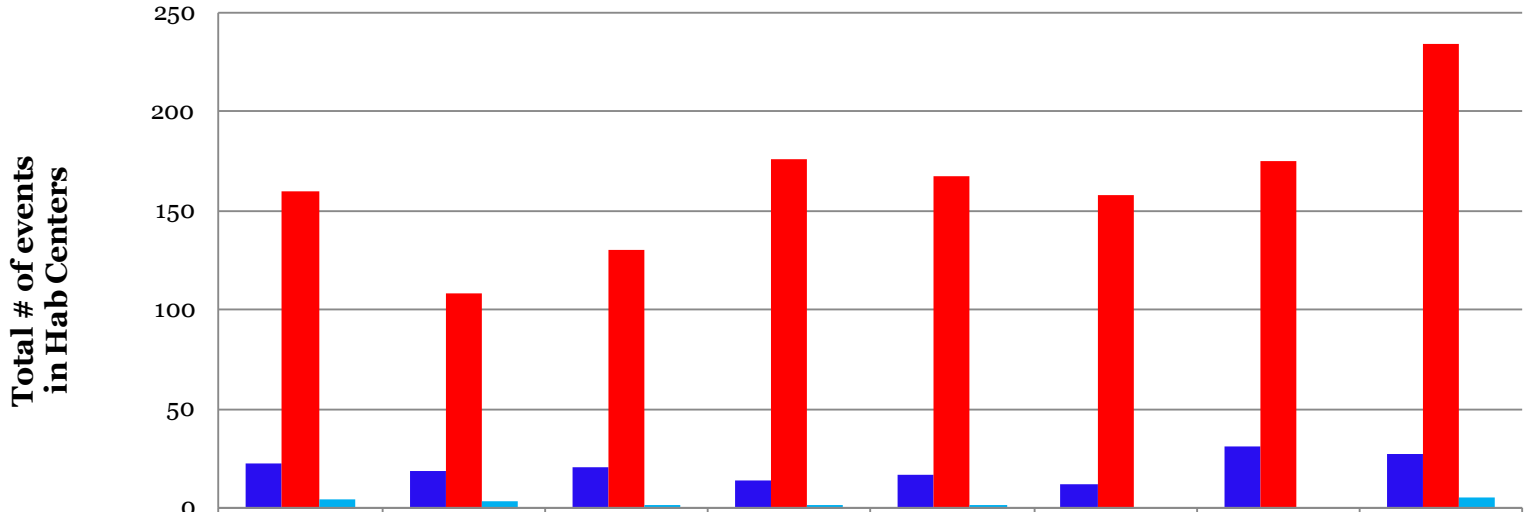
Division of DD Community
Individuals with 0, 1, 2, or 3+ Injuries



	Jul-Sep 2009	Oct-Dec 2009	Jan - Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan - Mar 2011	Apr-Jun 2011
# DD Individuals in Community Residential	6290	6541	6411	6440	6232	6290	6306	6249
# DD Community Individuals with No Injuries	5974	6262	6088	6113	5877	5975	5971	5862
# DD Individuals with Exactly 1 Injury	281	248	283	271	304	281	287	339
# DD Individuals with Exactly 2 Injuries	30	26	32	45	42	29	37	41
DD Community Individuals with 3+ Injuries	5	5	8	11	9	5	11	7

NOTE: An injury is defined as that which required treatment of first aid or more.

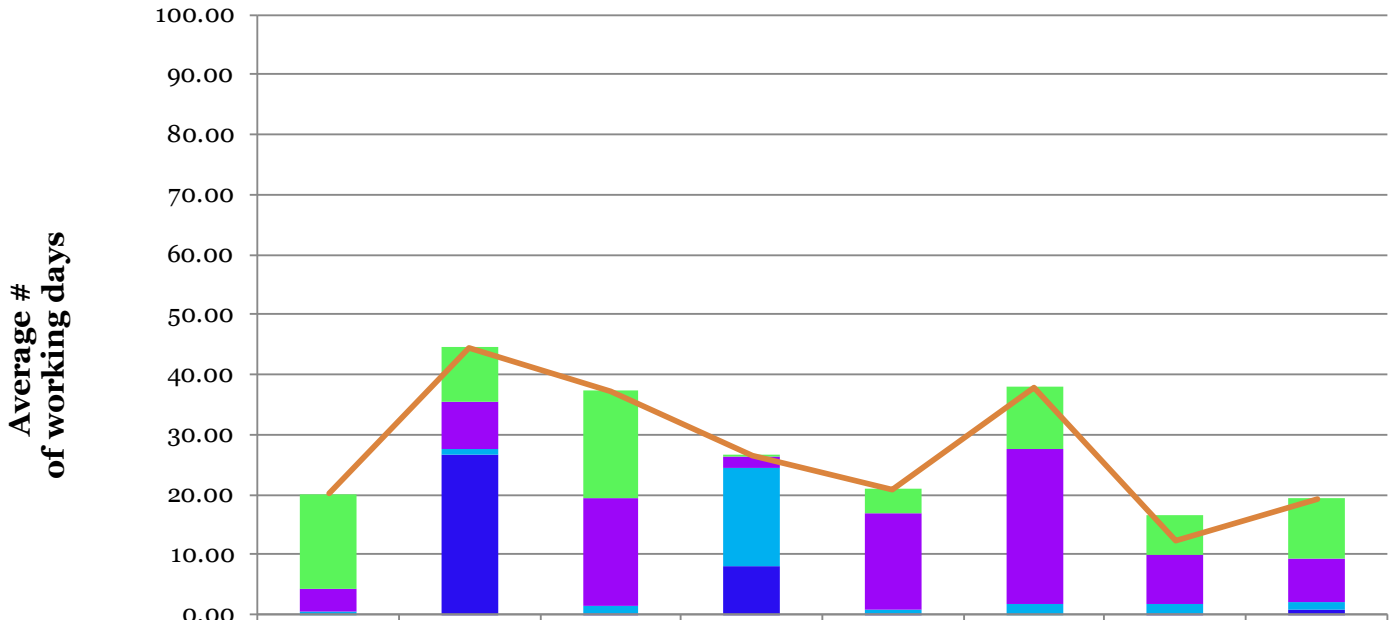
Division of DD Habilitation Centers
Inquiries Into Potential Abuse/Neglect Allegations



	Jul-Sep 2009	Oct - Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
A/N Investigations Opened	22	19	21	14	17	12	31	27
Inquiries	160	108	130	176	167	158	175	234
Decisions Pending	4	3	1	1	1	0	0	5

NOTE: If an allegation is made but has not yet been assigned an investigation or inquiry, it is counted as "pending" above. If an event in itially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated count of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding an allegation, it is called a "determination". An inquiry is the process of gathering facts surrounding an event, complaint or upon discovery of unknown injury to determine whether the incident or event is suspect for abuse or neglect.

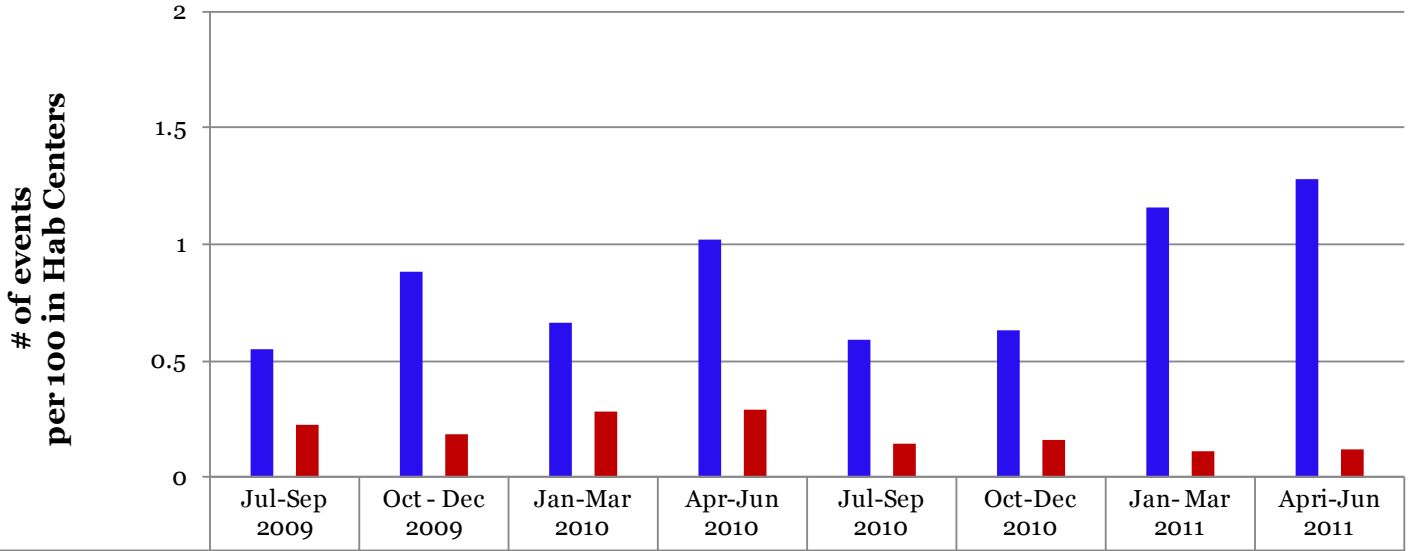
Duration of Investigation Process
Habilitation Centers



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
DD Hab Center Event Count	9	20	8	17	17	6	24	21
Inv. Final Report to Final Determ.	15.67	9.25	17.88	0.24	4.18	10.5	6.42	10
Inv. Request to Final Report	4.00	7.70	18	2.12	15.94	25.67	8.44	7.05
Event Report to Inv. Request	0.44	1.10	1.13	16.18	0.47	1.8	1.59	1.33
Event Discovery to Report	0.00	26.55	0.25	8.12	0.35	0	0.06	0.9
Total Time (90%)	20.11	44.60	37.25	26.65	20.94	37.97	12.25	19.29

NOTE: Timelines are divided into 4 distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical" timeline excluding outlier cases.

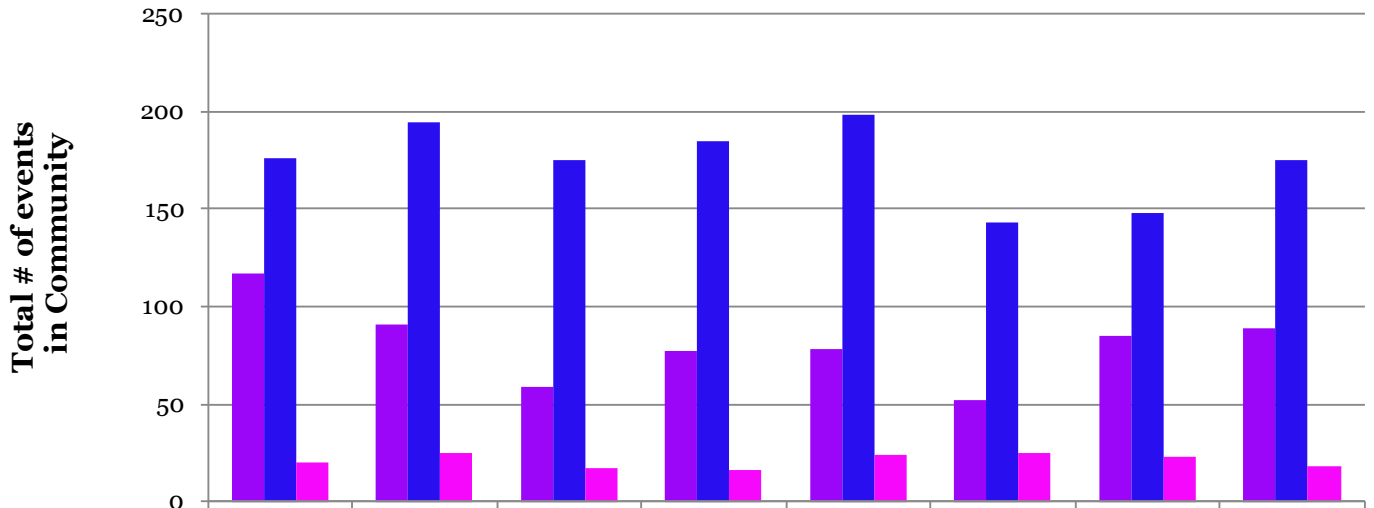
Division of DD Habilitation Center
Abuse and Neglect Investigations



	Jul-Sep 2009	Oct - Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan- Mar 2011	Apri-Jun 2011
CO Investigations Completed	12	19	14	21	12	12	21	22
A/N Investigations per 100 individuals/month	0.55	0.88	0.66	1.02	0.59	0.63	1.16	1.28
A/N Substantiations	5	4	6	6	3	3	2	2
A/N Substantiations per 100 individuals/month	0.23	0.19	0.28	0.29	0.15	0.16	0.11	0.12
# Individuals in Hab Centers	733	718	704	688	675	637	605	575

NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. We are using unique individuals in placement per month in order to use the same measure as community rate. Excludes Neglect II and Verbal abuse for all quarters reflected.

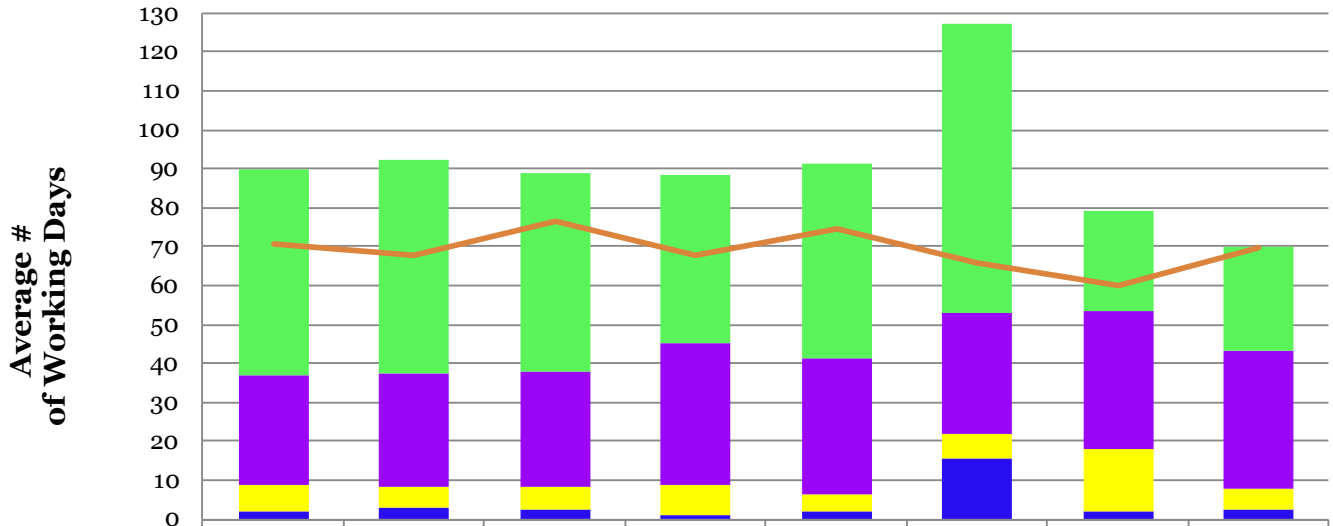
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



	Jul-Sep 2009	Oct - Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
A/N Investigation Opened	117	91	59	77	78	52	85	89
Inquiries	176	195	175	185	198	143	148	175
Decisions pending	20	25	17	16	24	25	23	18

NOTE: If an allegation is made but has not yet been assigned an investiation or inquiry, it is counted as "pending" above. If an event intially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated acount of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regading an allegation it is called a "determination". Definition - Inquiry: process of gathering facts surrounding an event, complaint or upon discovery of unknown injury to determine whether the incident or event is suspect for abuse or neglect.

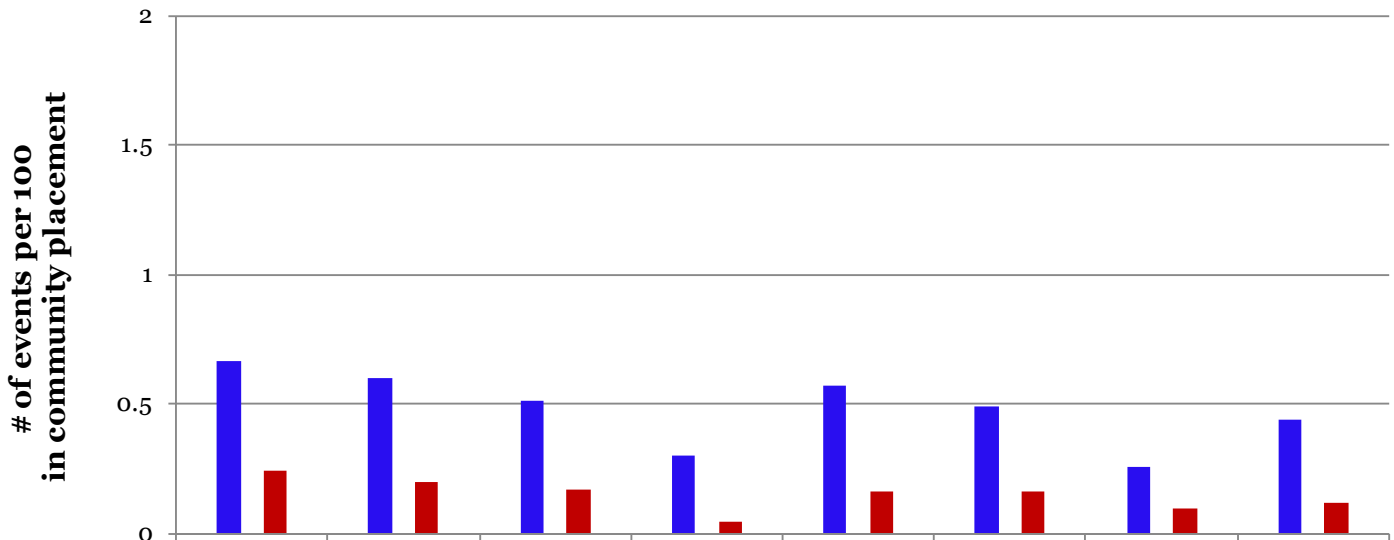
Duration of Investigation Process
DD Community



	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11
DD Community Event Count	173	161	108	64	143	110	51	81
Inv. Final Report to Final Det.	53.09	55.10	50.57	43.33	50.12	74.5	25.59	26.87
Inv. Request to Final Report	27.81	28.82	29.93	36.48	34.82	30.85	35.6	35.07
Event Report to Inv. Request	7.13	5.28	5.63	7.58	4.48	6.34	15.7	5.64
Event Discovery to Report	1.73	3.10	2.53	1	1.98	15.55	2.13	2.30
Total Time (90%)	70.89	67.69	76.36	67.57	74.56	65.93	60.18	69.87

NOTE: Timelines are divided into 4 distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical" timeline excluding outlier cases.

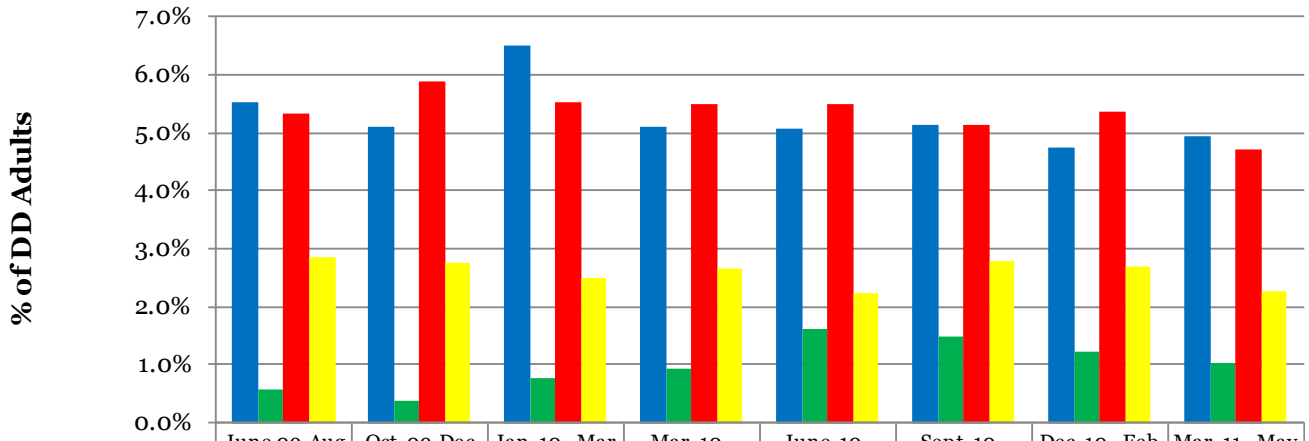
Division of DD Community
Abuse and Neglect Investigations



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
CO Investigations Completed	126	117	99	58	107	92	48	84
A/N Investigations per 100 individuals/month	0.67	0.60	0.51	0.30	0.57	0.49	0.25	0.44
A/N Substantiations	46	39	33	8	30	30	18	23
A/N Substantiations per 100 individuals/month	0.24	0.20	0.17	0.04	0.16	0.16	0.10	0.12
# Individuals in Community Residential	6290	6541	6411	6440	6232	6290	6306	6364

NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Individuals in placement per month are used to compare both Hab Center and community residents. Excludes Neglect II and Verbal abuse for all quarters reported.

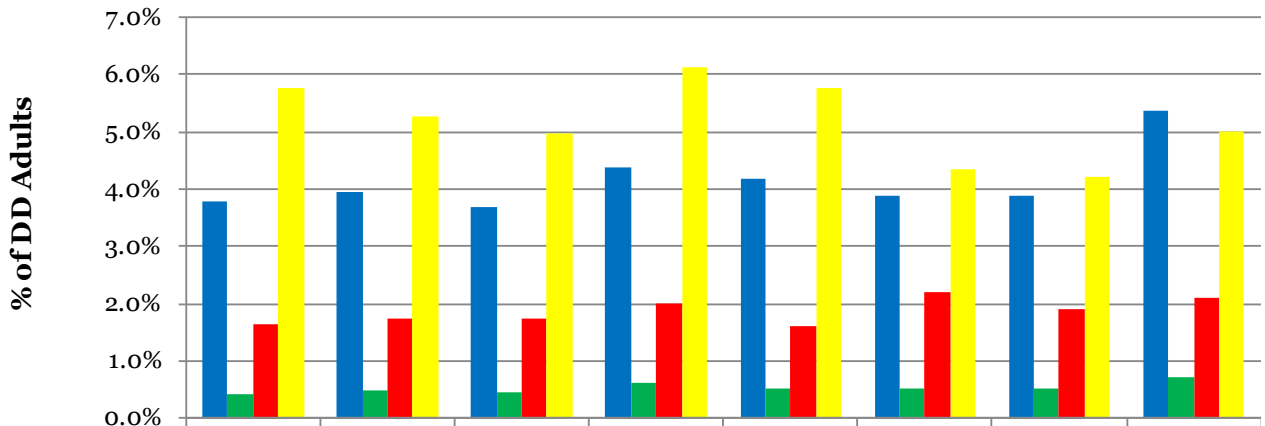
DD Habilitation Center Adult Medication Screens



	June 09-Aug 09	Oct 09-Dec 09	Jan 10 - Mar 10	Mar 10 - May10	June 10 - Aug 10	Sept 10 - Nov 11	Dec 10 - Feb 11	Mar 11 - May 11
Adults use of 5 or more Psychotropic Meds 60 or more days	29	26	34	27	25	24	23	24
% Hab. Center Adults use of 5 or more Psychotropic Meds 60 or more days	5.51%	5.11%	6.49%	5.11%	5.08%	5.14%	4.75%	4.93%
Adults use of 3 or more Antipsychotic Meds 45 or more days	3	2	4	5	8	7	6	5
% Hab. Center Adults use of 3 or more Antipsychotic Meds 45 or more days	0.57%	0.39%	0.76%	0.95%	1.63%	1.50%	1.24%	1.03%
Use of Atypical Antipsychotic at Higher than recommended dose for 45 days or more	28	30	29	29	27	24	26	23
% of Hab. Center Adults on Atypical Antipsychotic at High Dose for 45 days or more	5.32%	5.89%	5.53%	5.49%	5.49%	5.14%	5.37%	4.72%
Use of Atypical Antipsychotic at Lower than recommended dose for 45 days or more	15	14	13	14	11	13	13	11
% of Hab. Center Adults on Atypical Antipsychotic at Low Dose for 45 days or more	2.85%	2.75%	2.48%	2.65%	2.24%	2.78%	2.69%	2.26%
Habilitation Center Adults with MHN Behavioral Medications Claims	526	509	524	528	492	467	484	487

NOTE: "Quarters" do not match other charts - using time periods set by most recent consecutive " Missouri CMHC Behavioral Pharmacy Management Program" reports.
Sept. 10 - Nov. 11: Low Dose Indicator modified due to FDA change, resulting in approx. 1/3 fewer individuals flagged. Ability at low dose no longer flagged if an antidepressant has been prescribed within the 3 month reporting period.

DD Community Adult Medication Screens



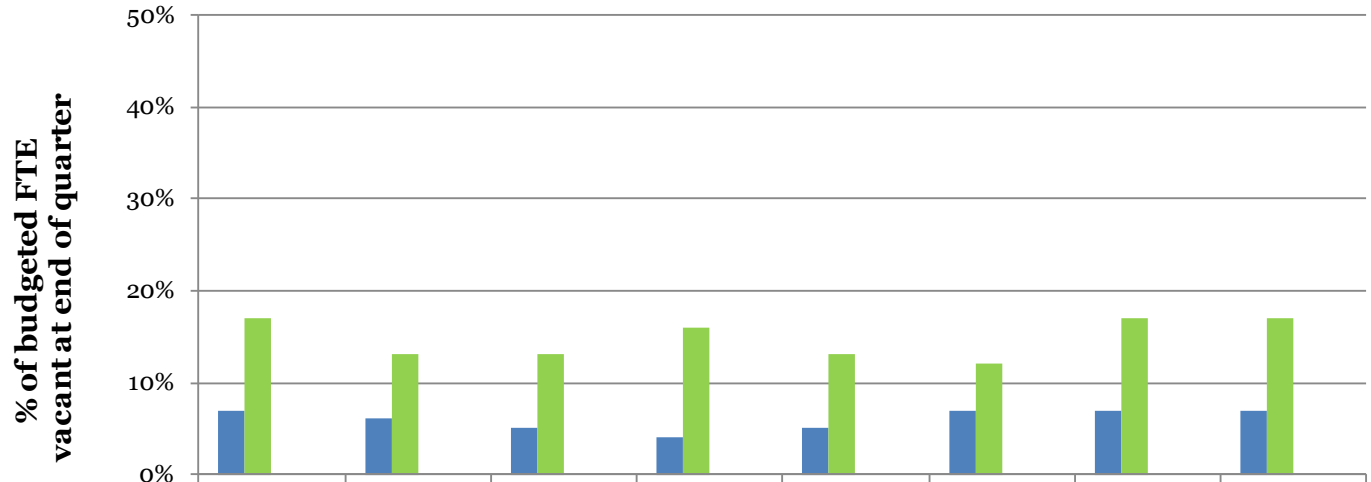
	June 09-Aug 09	Oct 09-Dec 09	Jan 10 - Mar 10	Mar 10 - May 10	June 10 - Aug 10	Sept 10 - Nov 11	Dec 10 - Feb 11	Mar 11 - May 11
Adults use of 5 or more Psychotropic Meds 60 or more days	311	330	330	389	364	320	333	470
% DD Community Adults use of 5 or more Psychotropic Meds 60 or more days	3.79%	3.95%	3.68%	4.37%	4.17%	3.90%	3.88%	5.38%
Adults use of 3 or more Antipsychotic Meds 45 or more days	33	39	41	56	45	42	45	62
% DD Community Adults use of 3 or more Antipsychotic Meds 45 or more days	0.40%	0.47%	0.46%	0.63%	0.52%	0.51%	0.52%	0.71%
Use of Atypical Antipsychotic at Higher than Recommended Dose for 45 days or more	134	145	156	179	141	180	163	182
% of DD Community Adults on Atypical Antipsychotic at High Dose for 45 days or more	1.63%	1.74%	1.74%	2.01%	1.62%	2.19%	1.90%	2.08%
Use of Atypical Antipsychotic at Lower than Recommended Dose for 45 days or more	472	441	445	546	503	357	361	437
% of DD Community Adults on Atypical Antipsychotic at Low Dose for 45 days or more	5.75%	5.28%	4.97%	6.13%	5.77%	4.35%	4.20%	5.00%
DD Community Adults with MHN Behavioral Medications Claims	8207	8350	8959	8911	8721	8207	8591	8732

NOTE: "Quarters" do not match other charts - using time periods set by most recent consecutive " Missouri CMHC Behavioral Pharmacy Management Program" reports.
Sept. 10 - Nov. 11: Low Dose Indicator modified due to FDA change, resulting in approx. 1/3 fewer individuals flagged. Ability at low dose no longer flagged if an antidepressant has been prescribed within the 3 month reporting period.

DD Community Youth Prescribed Multiple Behavioral Health Medications

An error was discovered in the programming of this data, therefore, this chart has been removed and will return to the report once the programming problem is resolved.

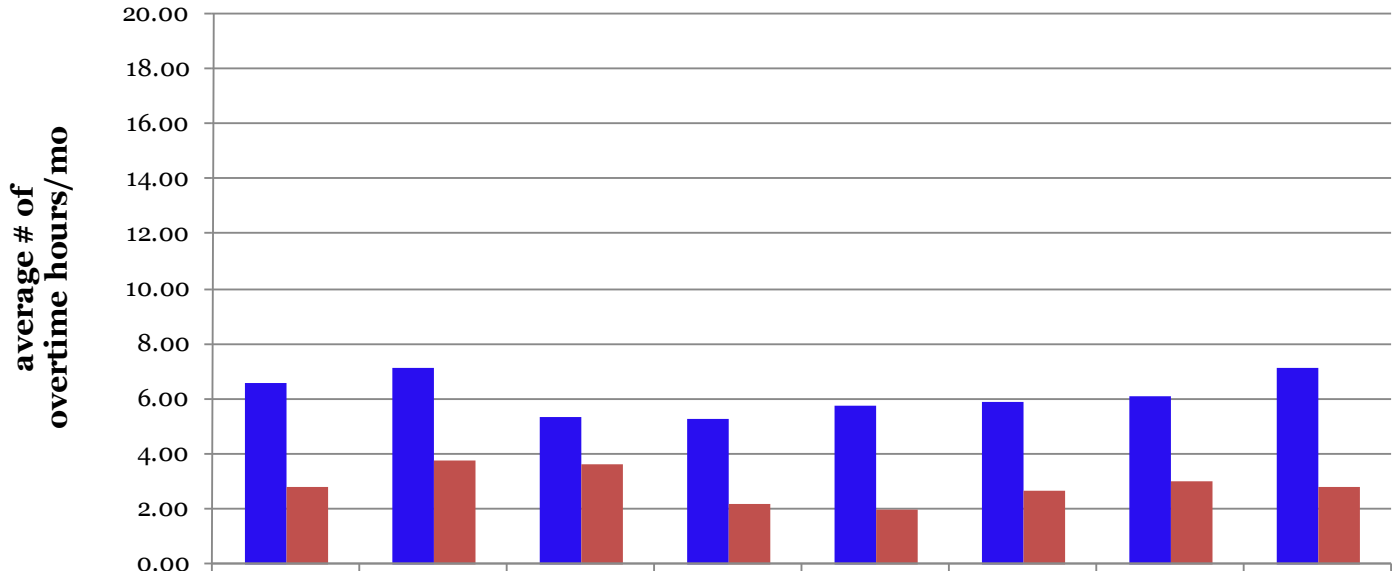
Division of DD Habilitation Center
Staff Vacancy Rates



	July-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Direct Care Staff Vacancy Rates	7%	6%	5%	4%	5%	7%	7%	7%
Licensed Nursing Staff Vacancy Rates	17%	13%	13%	16%	13%	12%	17%	17%
# Direct Care Vacancies	120.2	117.0	94.6	81.6	82.2	126.7	141.5	137.7
# Licensed Nursing Vacancies	32.0	25.5	24.3	30.0	25.7	23.2	33.7	32.3

NOTE: Vacancy rates are based upon last day of the month for the quarter. MHC allocated additional DA positions in December thus the increasee in # Direct Care Vacancies.
Definitions: Direct Care - DAI, DAII, DAIII.
Licensed Nursing - Licensed Practical Nurses (LPN) and Registered Nurses (RN).

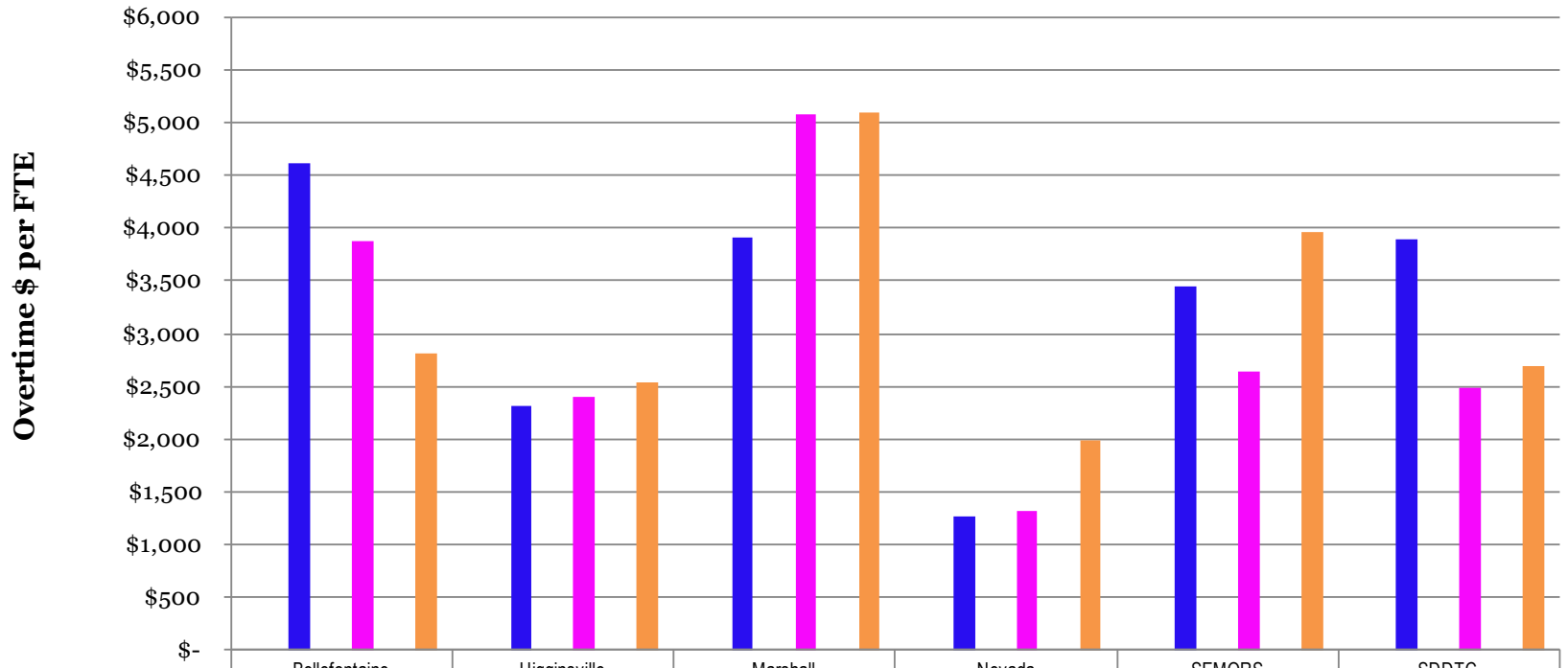
Division of DD Habilitation Center
Staff Overtime Hours



	Jul - Sep 2009	Oct - Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Average # OT Hours Worked Per Active Direct Care Staff/Month	6.56	7.14	5.36	5.25	5.78	5.89	6.11	7.12
Average # OT Hours Per Active Licensed Staff/Month	2.78	3.73	3.62	2.20	1.95	2.67	2.97	2.80

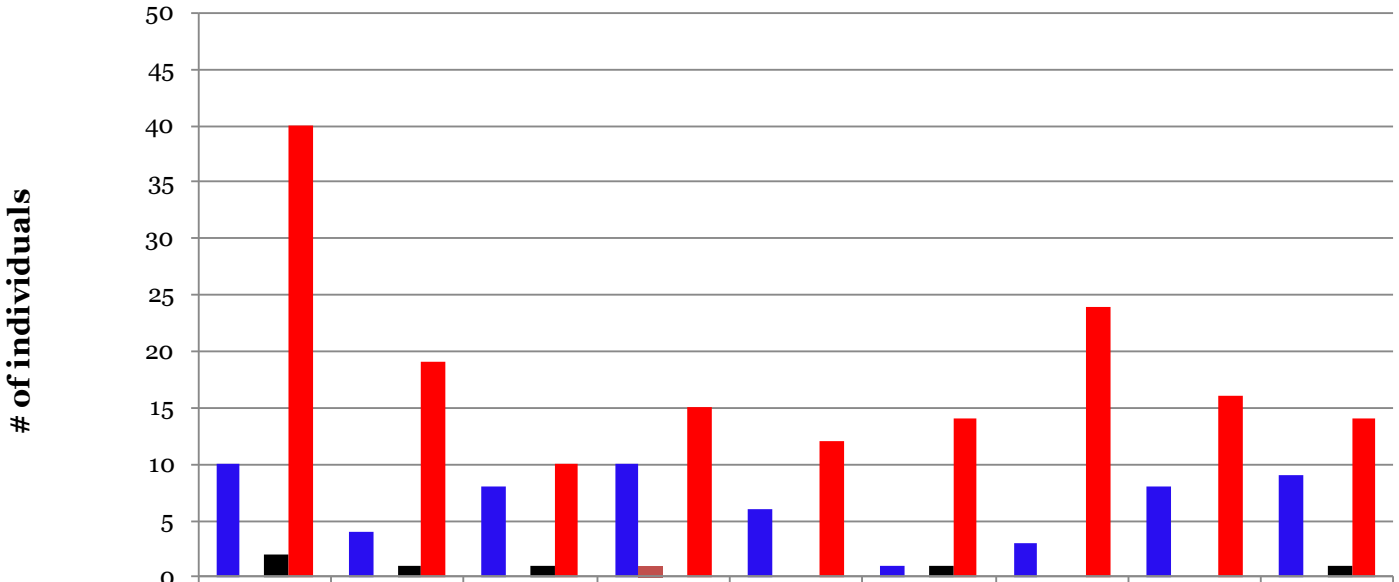
NOTE: Staff noted are active staff.
Definitions: Direct Care - Developmental Assistant I (DAI), DAII, DAIII.
Licensed Nursing: Licensed Practical Nurses (LPN) and Registered Nurses (RN).

Habilitation Center Overtime Accrued
FY 2009-FY2011 Comparison



	Bellefontaine	Higginsville	Marshall	Nevada	SEMORS	SDDTC
FY 09 Overtime $M	$2.204	$1.102	$3.192	$0.378	$0.711	$2.632
FY 09 FTEs	478	477	817	297	206	676
FY 09 Overtime $ per FTE	$4,610.88	$2,310.27	$3,906.98	$1,272.73	$3,451.46	$3,893.49
FY 10 Overtime $M	$2.181	$1.173	$3.280	$0.407	$0.616	$1.737
FY 10 FTEs	564	489	647	309	233	697
FY 10 Overtime $ per FTE	$3,867.02	$2,398.77	$5,069.55	$1,317.15	$2,643.78	$2,492.11
FY 11 Overtime $M YTD	$1.518	$1.174	$2.993	$0.524	$0.959	$1.615
FY 11 FTEs	540	462	587	264	242	602
FY 11 OT $ per FTE	$2,811.11	$2,541.13	$5,098.81	$1,984.85	$3,962.81	$2,682.72

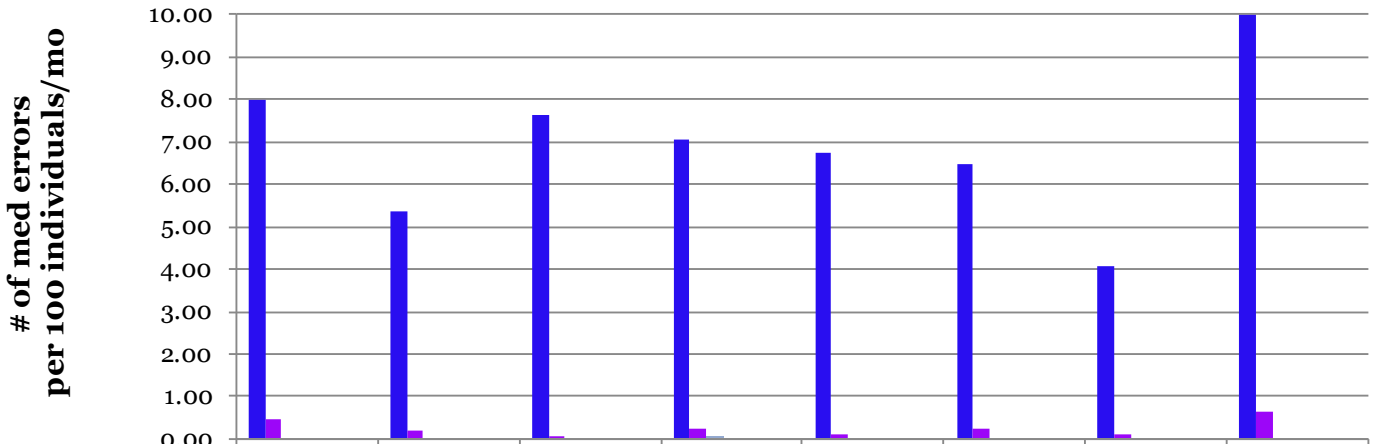
Division of DD Habilitation Center
Short Term Admissions, Readmissions and Discharges



	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Short Term Admissions	10	4	8	10	6	1	3	8	9
Readmission - Permanent	0	0	0	1	0	0	0	0	0
Readmission - Transition	2	1	1	0	0	1	0	0	1
Discharges	40	19	10	15	12	14	24	16	14

Short Term: Total number of individuals admitted to HC from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community. Note: 100% of the days a crisis bed was available.
Permanent: Total number of individuals previously discharged from the HC within the last 12 months that returned during report period with no plans to move back to community (i.e., something went wrong with placement).
Transition: Total number of individuals, previously discharged from the HC within the past 90 days, that returned during report period as part of transition plan for medical and/or behavioral support and are expected to return to their home in the community.
Discharges: Total number of individuals who lived on the campus of the HC and transitioned to community waiver providers or who were discharged to other settings during the reporting period.

Division of DD Habilitation Center
Medication Errors



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Minimal Med Errors per 100 Individuals/month	7.99	5.37	7.61	7.05	6.73	6.47	4.08	13.28
Moderate Med Errors per 100 Individuals /month	0.48	0.18	0.05	0.24	0.10	0.25	0.10	0.64
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.05	0.00	0.00	0.00	0.00
Hab Center Minimal Medication Errors	183	118	164	149	139	131	78	229
Hab Center Moderate Medication Errors	11	4	1	5	2	5	2	11
Hab Center Serious Medication Errors	0	0	0	1	0	0	0	0
# Hab Center Individuals	763	733	718	704	688	675	637	575

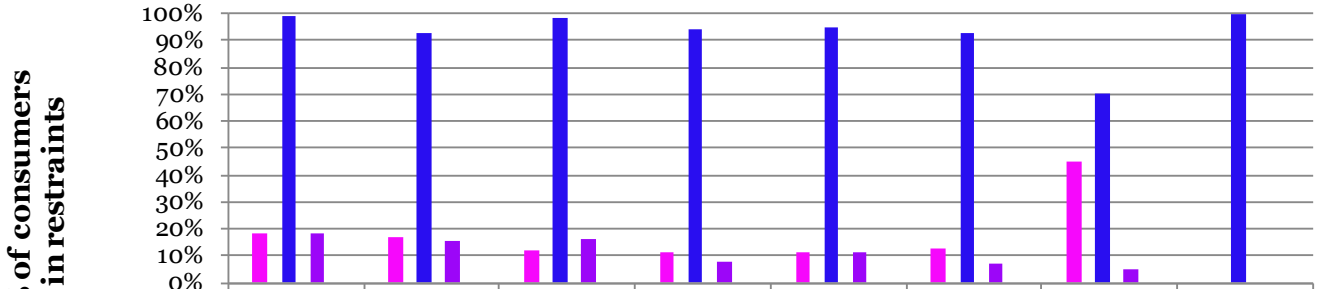
NOTE: Definition of med error: "Minimal"- no or minimal adverse consequences and no treatment or other interventions other than monitoring or observation. "Moderate" - is short term reversible adverse consequences and receives treatment and/or intervention in addition to monitoring. "Serious"- life threatening and/or permanent adverse consequences or results in hospitalization.

Division of DD Community Medication Errors

	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Minimal Med Errors per 100 Individuals/month	7.32	5.81	5.92	6.23	5.94	7.10	6.40	7.75
Moderate Med Errors per 100 Individuals/month	0.10	0.05	0.07	0.05	0.07	0.05	0.04	0.08
Serious Med Errors per 100 Individuals/month	0.00	0.01	0.00	0.00	0.00	0.01	0.01	0.01
Community Minimal Medication Errors	1381	1140	1139	1203	1111	1340	1211	1480
Community Moderate Medication Errors	18	9	14	10	14	10	8	16
Community Serious Medication Errors	0	1	0	0	0	1	1	2
# Individuals in Community Residential	6290	6541	6411	6440	6232	6290	6306	6364

NOTE: The increase in census numbers in the last two quarters is due to a correction of program codes in he CIMOR system. Definitions of med errors: "Minimal" - no or minimal adverse consequences and no treatment or interventions other than monitoring or observation. "Moderate" - short term or reversible adverse consequences and receives treatment and/or intervention in addition to monitoring. "Serious" - life threatening and/or permanent consequences or results in hospitalizations.

Division of DD Habilitation Centers
Use of Restraints

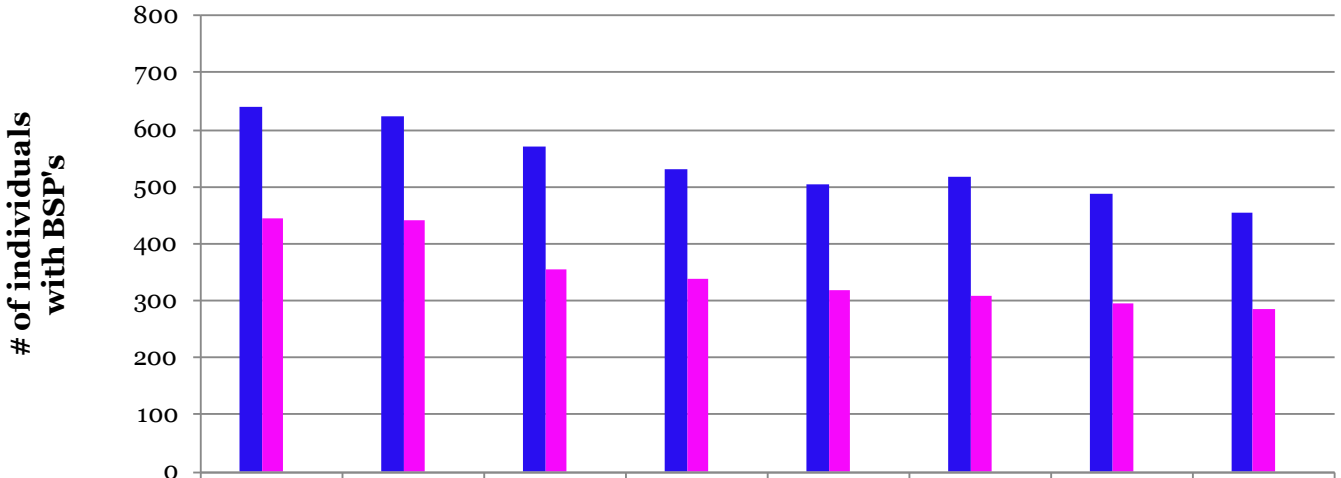


	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
# Individuals Chemical Restraint	13	12	6	6	4	4	9	0
% Individuals Chemical Restraint	18%	17%	12%	11%	11%	13%	45%	0%
# Individuals Physical Restraint	73	66	48	50	36	28	14	22
% Individuals Physical Restraint	99%	93%	98%	94%	95%	93%	70%	100%
# Individuals Mechanical Restraint	13	11	8	4	4	2	1	0
% Individuals Mechanical Restraint	18%	15%	16%	8%	11%	7%	5%	0%
# of HC Individuals Restrained	74	71	49	53	38	30	20	22
# of Hab Center Individuals	733	718	704	688	668	640	605	575

NOTE: Each individual who experienced at least one chemical, physical, mechanical restraint is counted so duplication occurs . For example, one individual may experience a chemical restraint and a physical restraint. They are counted in both categories. Percentage of each type of restraint is based on total number restrained for the quarter.

Chemical Restraint: As defined in section 630.005 RSMO, are drugs which are prescribed or administered to temporarily restrain an individual who is presenting a likelihood of serious physical harm to him/herself or others. Medications for the purpose of affecting behaviors includes major and minor tranquilizers and antidepressents (such as 1 mg Ativan). Chemical restraints do not include drugs that may have behavior modifying effects but that are not prescribed or administrered for that purpose (such as anticonvulsants).
Physical Restraint: Manual hold involving a restriction of an individual's voluntary movement (such as Mandt one person hold).
Mechanical restraint: Any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove (such as cuffs).
Restrained: Total number of different consumers (long term, on campus only) who experienced at least one restraint (chemical, physical, and/or mechanical) during the quarter for behavioral reasons, no medical immobilization, no medical procedures.

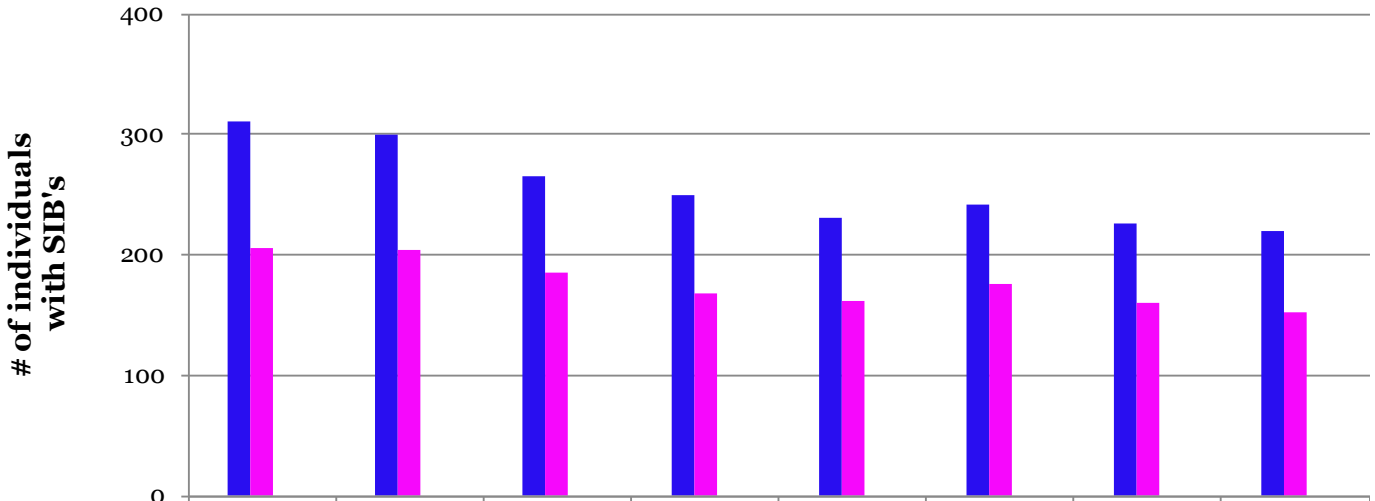
Division of DD Habilitation Center
Individuals with Behavior Support Programs



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
# Hab Center Consumers	733	718	704	688	668	640	605	575
Consumers with Behavior Support Programs	639	622	571	531	505	518	487	453
Consumers Progressing with Behavior Support Programs	445	442	356	339	320	310	295	284
% On Behavior Support Programs	87.18%	86.63%	81.11%	77.18%	75.60%	80.94%	80.50%	78.78%
% Progressing on Behavior Support Programs	69.64%	71.06%	62.35%	63.84%	63.37%	59.85%	60.57%	62.69%

NOTE: Individuals placed on BSP's may be those who have been prescribed medication for a psychiatric disorder or who exhibit behaviors that interfere with their level of functioning. Number is based upon average of three months in the quarter.
Definition - Individuals with BSP's: Individuals with an individualized plan of behavior analytic procedures developed to systematically address skills or behaviors to be learned and behaviors to be reduced or eliminated.
Definition - Consumers progressing with BSP's: Individuals who are at baseline or below for their targeted behaviors identified in their BSP. Number is based on average for the quarter.

Division of DD Habilitation Center
Individuals with Self Injurious Behavior Programs

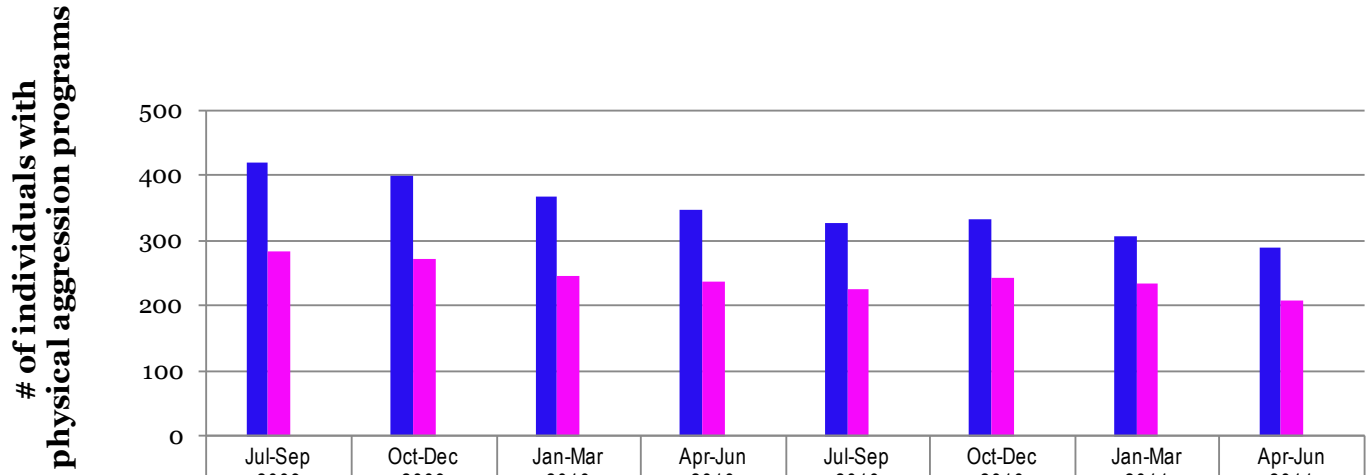


	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2008	Jan-Mar 2011	Apr-Jun 2011
# Hab Center Individuals	733	718	704	688	668	640	605	575
Individuals with Self Injurious Behavior Programs	310	299	266	250	231	241	226	220
Individuals Progressing with Self Injurious Behavior Programs	205	204	185	168	161	175	160	153
% on Self Injurious Behavior Programs	42.29%	41.64%	37.78%	36.34%	34.58%	37.66%	37.36%	38.26%
% Progressing on Self Injurious Behavior Programs	66.13%	68.23%	69.55%	67.20%	69.70%	72.61%	70.80%	69.55%

Definition- Self Injurious Behavior Program: A individual with a Behavior Support Program that includes a program developed to systematically reduce or eliminate Self Injurious Behaviors (incidents of self harm) such as slapping self in the face, biting self on hand, or banging own head.

Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program.

Division of DD Habilitation Center
Individuals with Physical Aggression Programs

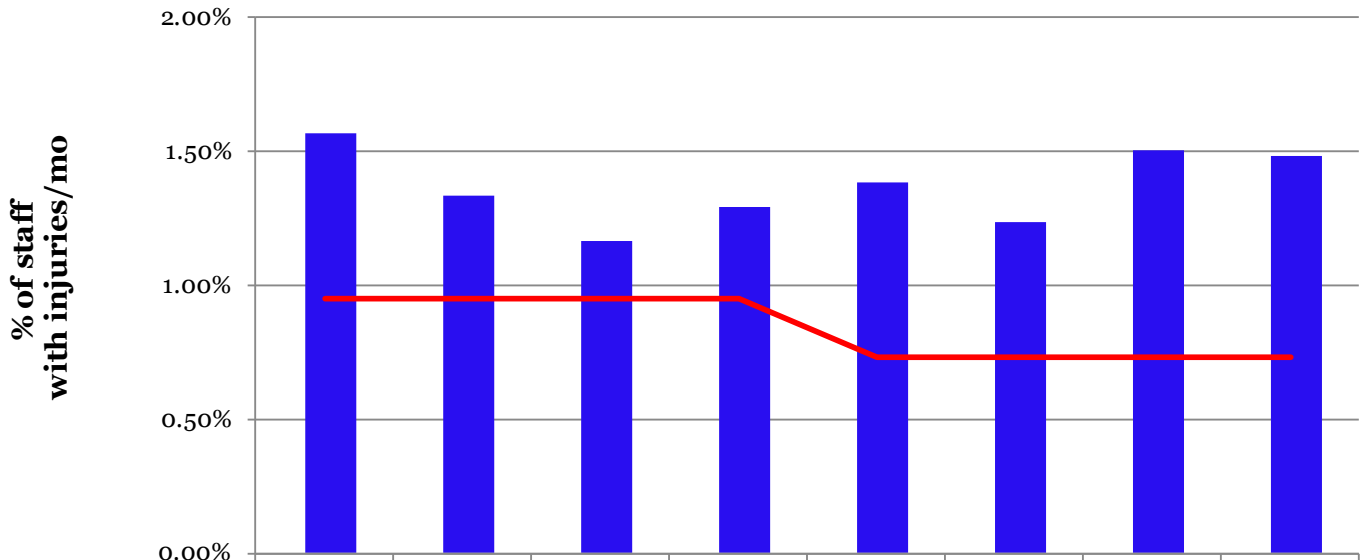


	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
# Hab Center Individuals	733	718	704	688	668	640	605	575
Individuals with Physical Aggression Programs	419	398	368	346	326	332	307	288
Individuals Progressing with Physical Aggression Programs	283	273	247	238	227	243	234	208
% on Physical Agression Programs	57.16%	55.43%	52.27%	50.29%	48.80%	51.88%	50.74%	50.09%
% Progressing on Physical Agression Programs	67.54%	68.59%	67.12%	68.79%	69.63%	73.19%	76.22%	72.22%

Definition - Physical Aggression Programs: Individuals with a Behavior Support plan that includes a program designed to reduce or eliminate Physical Aggression (such as hitting, kicking, throwing objects, biting) towards another person.

Definition - Progressing with Physical aggression programs: Individuals who are at baseline or below for their Physical Aggression program.

Division of DD Habilitation Centers
Staff Injuries



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Avg. # of Staff Injuries/month	46	39	34	38	39	34	41	40
Staff FTEs	2935	2922	2919	2939	2810	2756	2723	2697
% of Staff with Injuries	1.57%	1.33%	1.16%	1.29%	1.39%	1.23%	1.51%	1.48%
CPS Average Staff with Injuries	0.95%	0.95%	0.95%	0.95%	0.73%	0.73%	0.73%	0.73%

Definition: Total number of different employees who experienced at least one injury requiring medical treatment or hospitalization.

Division of Alcohol and Drug Abuse

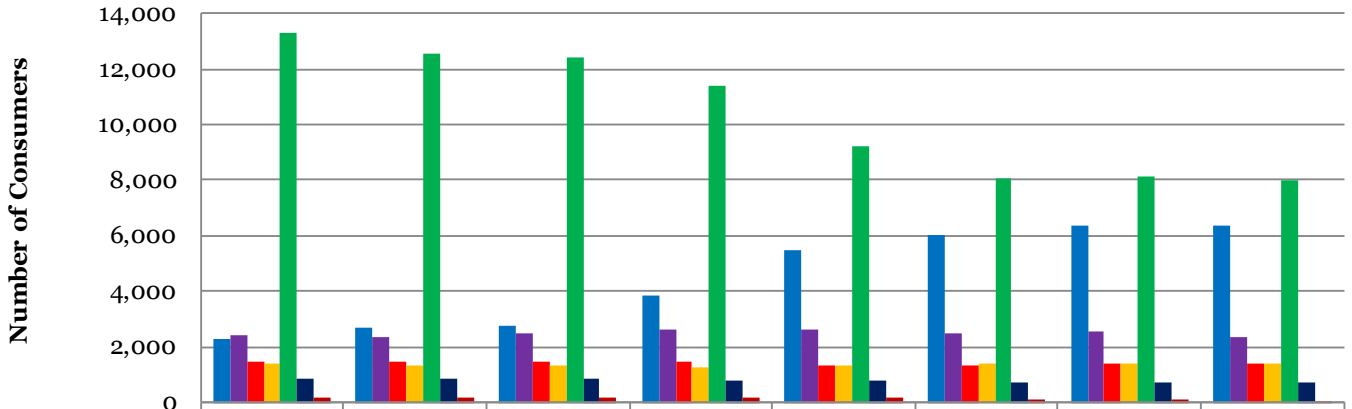
ADA Performance Measures Notes (Quarter 2-2011)

- **NUMBER SERVED:**
  - **Treatment**: Number served in ADA treatment in second quarter 2011 is comparable to that for prior quarter (quarter 1 -2011) but is about 2,000 fewer than that for same quarter in prior year (quarter 2 – 2010). The CSTAR General Adult program is the only treatment program that has realized a significant increase in number served over the past two years. This is primarily due to the conversion of PR+ programs to CSTAR.
  - **Compulsive Gambling**: The number served, number of admissions, and length of stay in the compulsive gambling program – having been impacted by budget cuts. The program averaged 14 admissions per month in first quarter 2011 – compared to an average of 21 admissions per month in first quarter 2010.
- **DRUG AT ADMISSION:**
  - **Overall**: Overall admissions are down over the past two years – most readily seen with alcohol, marijuana, and cocaine admissions.
  - **Cocaine**: U.S. data suggests that cocaine prices have increased and purity levels have decreased since 2008. FY 2010 was the first year in which cocaine admissions fell below that for methamphetamine – dropping from the 3rd most common problem at admission to number 4.
  - **Methamphetamine**: Admissions have not been impacted by implementation of pseudoephedrine tracking system which occurred in October 2010.
  - **Heroin**: Heroin admissions have been trending upward and are primarily originating in Eastern Missouri.

ADA Performance Measures Notes (Quarter 2-2011)

- **RETENTION:**
  - **PR:** Program assignments have been combined to account for when ATR II ended in June 2010. This increased the reported retention for Quarter 3 – 2010 from 21 days to 42 days.
- **DISCHARGES:**
  - *Recovery-Support-only* episodes have been excluded. This change removed the artificially high number of autodischarges that occurred in Quarter 3 – 2010. The reported number decreased from 5,610 to 2,138.
- **RECOVERY SUPPORTS:**
  - ATR III began enrollments in December 2010. In the third quarter of the federal fiscal year, the program has met its total year one client targets and has exceeded its enrollments of DOC re-entry and military veterans but is under target for treatment court participants.
- **CSTAR CONVERSIONS**:
  - No CSTAR conversions occurred in the first quarter of 2011 and the remaining contracts are in various stages of the process.

ADA Consumers Served By Program



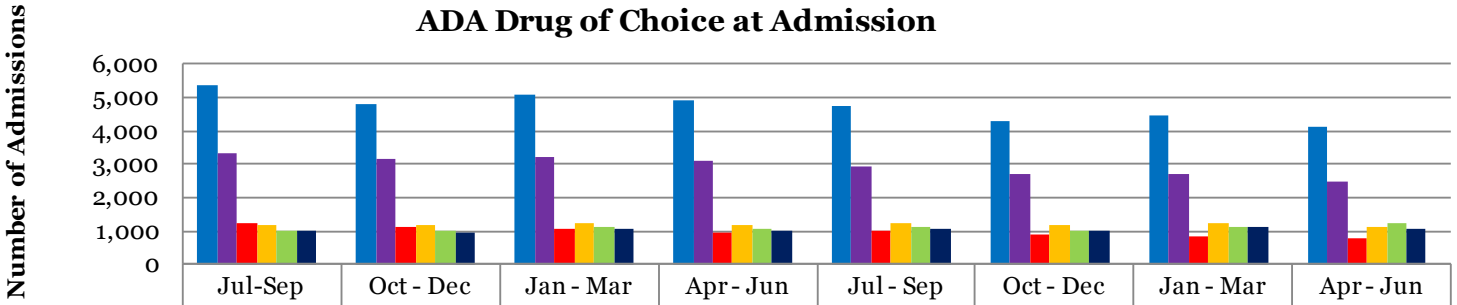
	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
CSTAR Gen Adult	2,273	2,727	2,765	3,863	5,459	5,997	6,351	6,347
CSTAR W&C	2,440	2,382	2,515	2,644	2,622	2,508	2,532	2,362
CSTAR Adol	1,457	1,446	1,484	1,467	1,368	1,354	1,390	1,399
Opioid Tx	1,370	1,348	1,324	1,299	1,333	1,378	1,389	1,392
Primary Recovery & Tx	13,283	12,557	12,397	11,390	9,201	8,061	8,112	7,988
ADA DOC Programs	863	849	850	807	772	720	689	697
Compulsive Gambling	188	163	165	179	165	113	94	57

NOTE: Consumers could be enrolled in more than one program during the quarter. For example, a consumer will generally be enrolled in both an Opioid Treatment program and a CSTAR or a Primary Recovery Program.

NOTE: On July 1, 2010 Primary Recovery Plus, Enhanced Primary Recovery Plus and DOC Primary Recovery Plus were combined into a new program Primary Recover Plus (Non-ATR). Data reported for Jan 2009 through Jun 2010 has combined Primary Recovery Plus, Enhanced Primary Recovery Plus and DOC Primary Recovery Plus. ADA DOC Programs contain only DOC Free and Clean Plus and DOC Partnership for Community Restoration.

Significance: The CSTAR General Adult program has seen an increase in number served largely due to conversions of Primary Recovery Treatment Programs. The Primary Recovery Program has seen a significant decrease due to CSTAR conversions, cuts in General Revenue and the ending of ATR II during Quarter 3 - 2010.

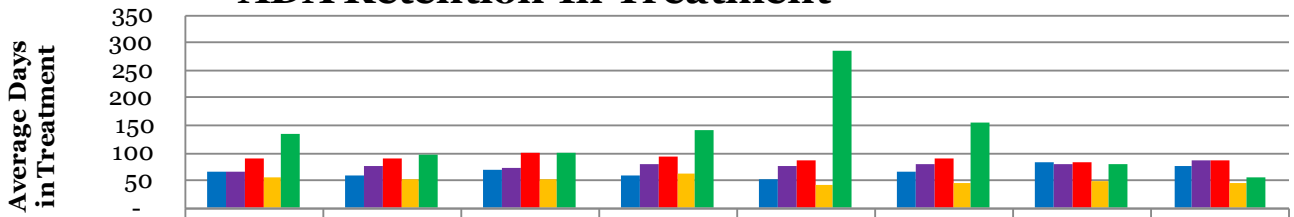
ADA Drug of Choice at Admission



	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
Alcohol	5,374	4,799	5,066	4,914	4,735	4,287	4,445	4,098
% Alcohol	41.0%	39.2%	39.6%	40.3%	39.0%	38.7%	38.6%	38.0%
Marijuana	3,317	3,160	3,242	3,118	2,953	2,688	2,709	2,481
% Marijuana	25.3%	25.8%	25.4%	25.5%	24.3%	24.3%	23.6%	23.0%
Cocaine	1,226	1,137	1,059	944	1,017	898	849	810
% Cocaine	9.3%	9.3%	8.3%	7.7%	8.4%	8.1%	7.4%	7.5%
Methamphetamine	1,180	1,161	1,232	1,162	1,223	1,181	1,267	1,104
% Methamphetamine	9.0%	9.5%	9.6%	9.5%	10.1%	10.7%	11.0%	10.2%
Heroin	985	1,029	1,103	1,079	1,127	1,018	1,128	1,216
% Heroin	7.5%	8.4%	8.6%	8.8%	9.3%	9.2%	9.8%	11.3%
Other Drugs	1,031	961	1,077	989	1,098	1,001	1,105	1,069
% Other Drugs	7.9%	7.8%	8.4%	8.1%	9.0%	9.0%	9.6%	9.9%

Significance: Overall admissions are down in ADA treatment programs due to cuts to General Revenue and the ending of ATR II in Quarter 3 2010. Alcohol, marijuana, and cocaine admissions are down while methamphetamine, heroin, and other drug admissions have held steady. The heroin and methamphetamine admissions comprise the majority of the IV drug users - a federal Block Grant priority population.

ADA Retention In Treatment



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
CSTAR Gen Adult - N	1,234	1,290	1,429	1,908	2,471	2,711	2,682	2,693
CSTAR Gen Adult - Avg Days	66	60	68	59	53	65	82	77
CSTAR W&C - N	1,125	1,124	1,097	1,276	1,207	1,097	1,038	958
CSTAR W&C - Avg Days	66	77	74	78	77	79	79	85
CSTAR Adol - N	723	672	667	760	696	673	548	603
CSTAR Adol - Avg Days	91	89	101	94	88	91	82	88
Primary Recovery & Tx - N	8,392	7,675	6,945	7,330	5,580	5,029	4,614	4,309
Primary Recovery & Tx - Avg Days	54	52	52	62	42	44	49	45
Compulsive Gambling - N	63	58	38	34	113	69	43	21
Compulsive Gambling - Avg Days	135	96	99	143	286	155	80	57
# of Outliers	661	593	613	820	499	424	497	559

NOTE: Average days in treatment include both residential and outpatient services with the exception of Compulsive Gambling which only includes outpatient services. Length of stay was calculated using the program admission date and the last date of billable service. Outliers greater than two standard deviations above the mean were not included when calculating the average length of stay. *Primary Recovery & Tx now INCLUDES Corrections Primary Recovery Plus due to the three PR+ programs being combined into one PR+ program on July 1, 2010.*

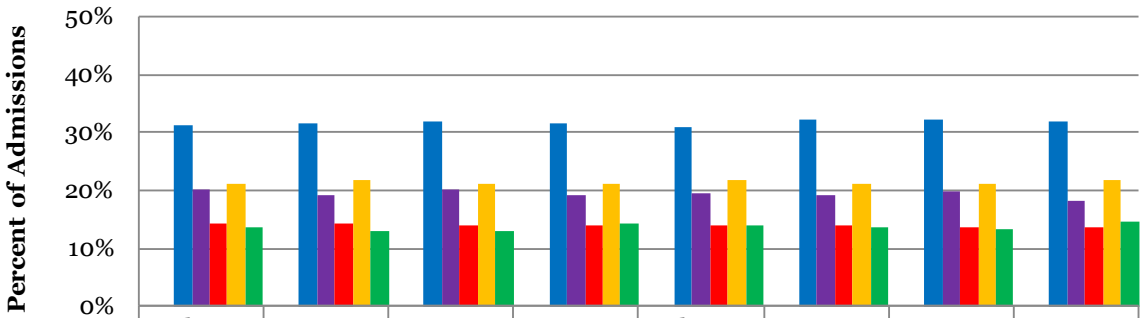
NIDA's Principles of Drug Addiction Treatment states: "The appropriate duration for an individual depends on the type and degree of his or her problem and needs. Research indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment."

Significance: Average length of stay in substance abuse treatment is about two months. Compulsive Gambling average retention varies due to the lower number of consumers and was impacted by automatic discharges in third quarter 2010 that were closed due to inactivity.

NOTE: One recent study found that the median time from first treatment to 1 alcohol-and drug-free year was 9 years - with 3 to 4 episodes of treatment.[1]

[1]Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62

ADA Adult Treatment
Admissions With Prior ADA Treatment Episodes



	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
Adult Consumers Admitted to Tx	9,326	8,840	8,950	8,436	8,625	7,625	7,918	7,651
Adult Consumers with Previous Tx	6,424	6,037	6,109	5,786	5,955	5,181	5,381	5,207
Adult Consumers Admitted with Previous Tx Pct	68.9%	68.3%	68.3%	68.6%	69.0%	67.9%	68.0%	68.1%
0 Prior Tx Episodes	2,902	2,803	2,841	2,650	2,670	2,444	2,537	2,444
0 Prior Tx Episodes Pct	31.1%	31.7%	31.7%	31.4%	31.0%	32.1%	32.0%	31.9%
1 Prior Tx Episode	1,878	1,696	1,814	1,612	1,692	1,467	1,560	1,387
1 Prior Tx Episode Pct	20.1%	19.2%	20.3%	19.1%	19.6%	19.2%	19.7%	18.1%
2 Prior Tx Episodes	1,322	1,262	1,254	1,173	1,207	1,062	1,076	1,033
2 Prior Tx Episodes Pct	14.2%	14.3%	14.0%	13.9%	14.0%	13.9%	13.6%	13.5%
3 - 5 Prior Tx Episodes	1,955	1,928	1,895	1,795	1,865	1,615	1,684	1,671
3 - 5 Prior Tx Episodes Pct	21.0%	21.8%	21.2%	21.3%	21.6%	21.2%	21.3%	21.8%
6 + Prior Tx Episodes	1,269	1,151	1,146	1,206	1,191	1,037	1,061	1,116
6 + Prior Tx Episodes Pct	13.6%	13.0%	12.8%	14.3%	13.8%	13.6%	13.4%	14.6%

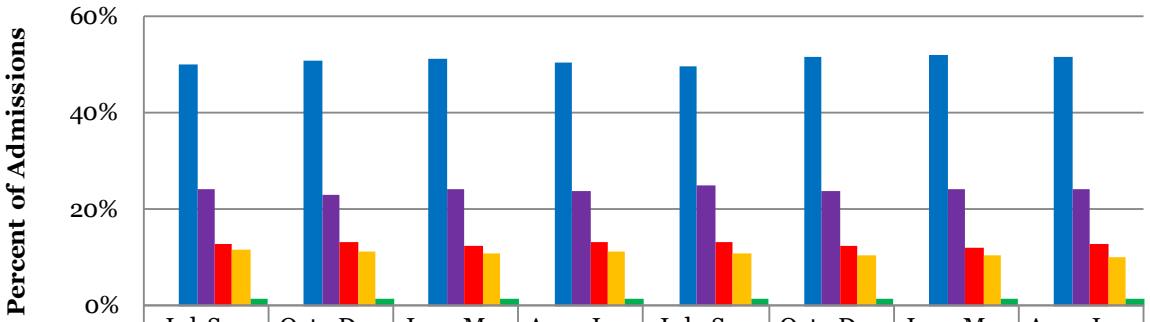
NOTE: The data above includes treatment programs only. Detox, SATOP, Recovery Support and Compulsive Gambling episodes of care were not included.

Significance: Approximately 2/3 of ADA consumers have had a prior treatment episode in his/her lifetime. Relapse is a part of the disease process and can be managed and minimized with appropriate treatment and aftercare.

NOTE: One recent study found that the median time from first treatment to 1 alcohol-and drug-free year was 9 years - with 3 to 4 episodes of treatment.[1]

[1]Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62

ADA Adult Treatment
Admissions With Prior ADA Treatment Episodes in Past 36 Months

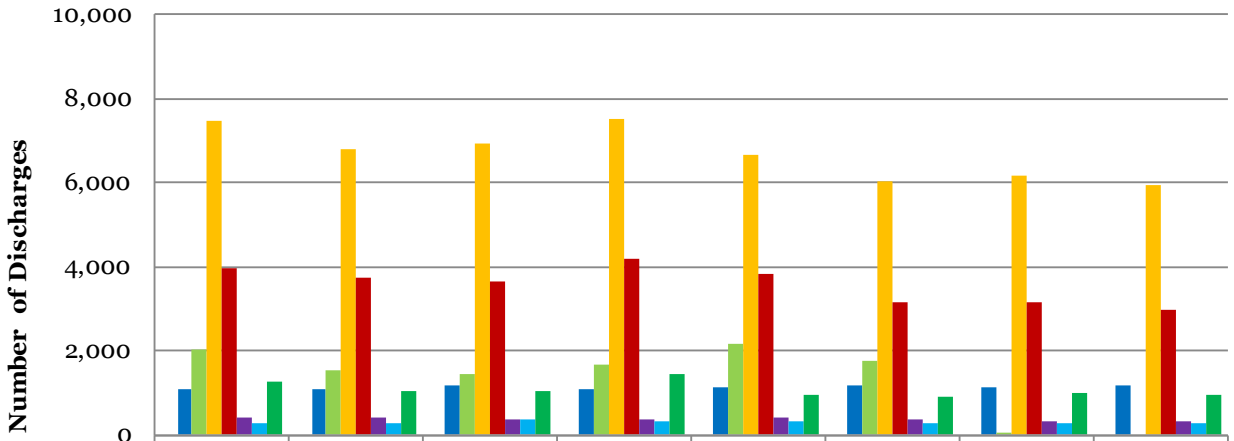


	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
Adult Consumers Admitted to Tx	9,326	8,840	8,950	8,436	8,625	7,625	7,918	7,651
Adult Consumers with Previous Tx	4,673	4,345	4,377	4,196	4,338	3,688	3,791	3,693
Adult Consumers Admitted with Previous Tx Pct	50.1%	49.2%	48.9%	49.7%	50.3%	48.4%	47.9%	48.3%
0 Prior Tx Episodes	4,653	4,495	4,573	4,240	4,287	3,937	4,127	3,958
0 Prior Tx Episodes Pct	49.9%	50.8%	51.1%	50.3%	49.7%	51.6%	52.1%	51.7%
1 Prior Tx Episode	2,260	2,048	2,173	2,013	2,138	1,818	1,914	1,844
1 Prior Tx Episode Pct	24.2%	23.2%	24.3%	23.9%	24.8%	23.8%	24.2%	24.1%
2 Prior Tx Episodes	1,187	1,178	1,118	1,103	1,145	959	952	969
2 Prior Tx Episodes Pct	12.7%	13.3%	12.5%	13.1%	13.3%	12.6%	12.0%	12.7%
3 - 5 Prior Tx Episodes	1,091	986	964	947	941	811	815	782
3 - 5 Prior Tx Episodes Pct	11.7%	11.2%	10.8%	11.2%	10.9%	10.6%	10.3%	10.2%
6 + Prior Tx Episodes	135	133	122	133	114	100	110	98
6 + Prior Tx Episodes Pct	1.4%	1.5%	1.4%	1.6%	1.3%	1.3%	1.4%	1.3%

NOTE: The above data includes only treatment programs within 36 months of consumers' last admission within the quarter. Detox, SATOP, Recovery Support and Compulsive Gambling episodes of care were not included.

Significance: Half of admissions are for consumers who have not been enrolled in a treatment episode of care within the past 36 months. Approximately 11% of consumers admitted to a treatment episode of care have had 3 or more prior treatment episodes of care within the past 36 months.

ADA Discharges



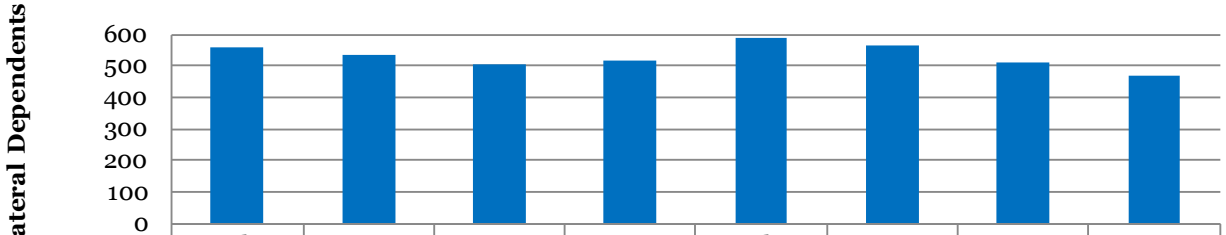
	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
Total Discharges	17,812	16,108	16,325	17,167	19,413	13,639	12,092	11,620
Agency Initiated	1,078	1,091	1,171	1,072	1,128	1,159	1,142	1,169
Auto Discharges	2,007	1,527	1,419	1,661	2,138	1,745	15	-
Completed Treatment	7,442	6,776	6,944	7,504	6,671	6,009	6,182	5,946
Consumer Initiated	3,937	3,730	3,637	4,200	3,815	3,169	3,131	2,948
Law Enforcement Initiated	404	384	377	357	427	339	313	330
Other Discharges	283	281	353	311	301	259	260	280
Transferred	1,252	1,014	1,025	1,421	942	898	995	949

NOTE: Other discharges category includes the following discharge reasons: consumer died; consumer moved away; medical reasons.

NOTE: On July 25, 2008 the monthly Auto Discharge program was implemented and closed all episodes of care that had no service or billing activity within the past six months. The episode of care was closed and the discharge date was set to the last date of billable service. This will cause an increase in the number of Auto Discharges in previous quarters. The number of autodischarges in the two most recent quarters are not comparable to that of prior quarters because insufficient time as lapsed for the case to be considered inactive. Recovery support only episodes are excluded.

Significance: About half of consumers complete treatment. Consumer dropped out of treatment is the most common reason for non-completion. The number of auto discharges reported in Jul-Sep is impacted by the ending of ATR II.

Collateral Dependents Served



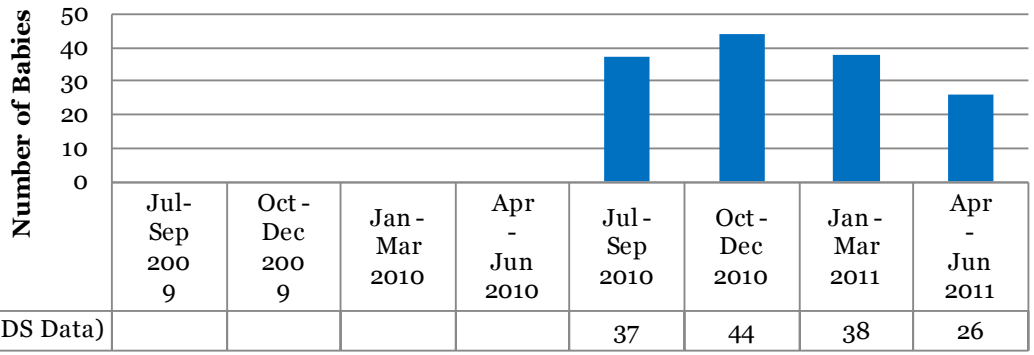
	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Collateral Dependents Served	561	535	506	515	588	563	511	466

NOTE: A collateral dependent has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user who is engaged in treatment.

Significance: This chart shows the number of collateral dependents served each quarter. This number will vary each quarter due to several factors including number of consumers in treatment and number of consumers with children and/or a significant other.

During 2008, there were 337 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number under-reported due to lack of standards for reporting. DHSS, Bureau of Health Informatics. Patient Abstract System

Babies Born Drug Free



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Drug Free Babies Born (TEDS Data)					37	44	38	26

NOTE: In May 2010 TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

Significance: The number will vary due to several factors including number of pregnant women enrolled that had a baby during treatment and how late in the pregnancy the consumer seeks treatment.

Consumers Receiving Recovery Support

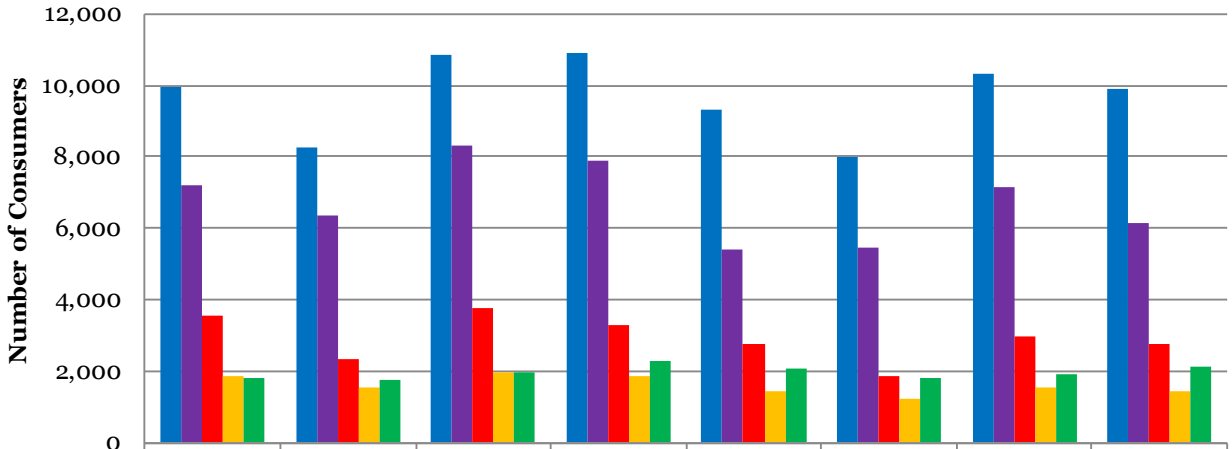
	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Consumers Receiving Recovery Support	3,890	4,114	4,603	3,943	1,954	188	964	1,471

NOTE: Recovery supports are a collection of non clinical services that support recovery from alcohol and drug addiction. ATR II funded recovery support services include care coordination, re-entry coordination, drop-in center, brief periods of supportive housing, family engagement, spiritual counseling, recovery coaching and education, spiritual life skills, transportation, and work preparation.

Significance: The Access to Recovery II grant ended on September 30, 2010. Access to Recovery III grant began enrolling consumers in December 2010 .

The annual number of DWI arrests have been trending downward: 38,937 in 2008, 35,543 in 2009, and 32,932 in 2010. Missouri Department of Public Safety.

ADA Substance Abuse Traffic Offenders Program (SATOP) Consumers Served



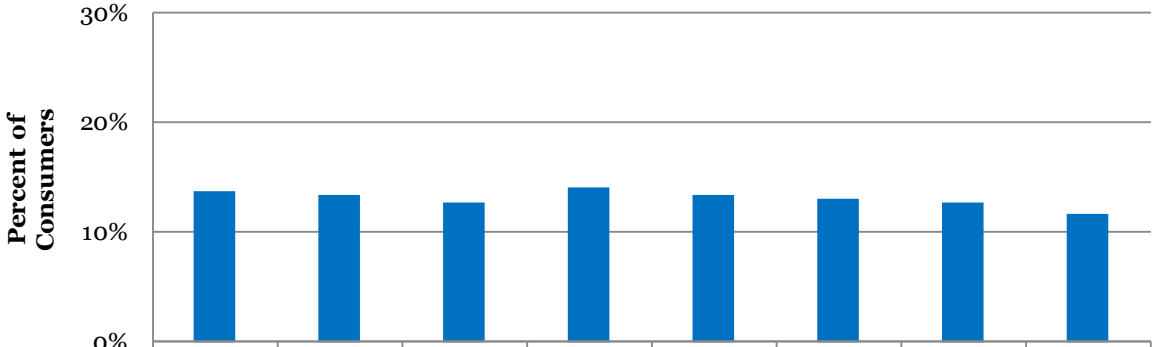
	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Unduplicated Number of SATOP Consumers	9,959	8,237	10,860	10,908	9,323	7,973	10,343	9,882
SATOP Screened	7,220	6,379	8,299	7,906	5,430	5,470	7,132	6,137
Education Pgm	3,561	2,348	3,783	3,306	2,762	1,841	2,987	2,743
Weekend Intervention Pgm	1,877	1,549	1,997	1,873	1,427	1,253	1,532	1,419
Clinical Treatment Pgm	1,811	1,769	1,968	2,289	2,101	1,826	1,935	2,139

NOTE: The number screened will not equal the sum of the programs due to consumers having up to 6 months to complete the assigned program. Consumers may also decide to complete a comparable program that is more intensive than the one recommended by the screening.

NOTE: Clinical treatment program includes Clinical Intervention Program, Youth Clinical Intervention Program, and the Serious & Repeat Offender Program.

Significance: The data shows a trend of increased screenings in the Jan-Mar quarter which is due in part to the increased number of DWIs cited over the holidays. DWI arrests over the past few years have been declining (see note).

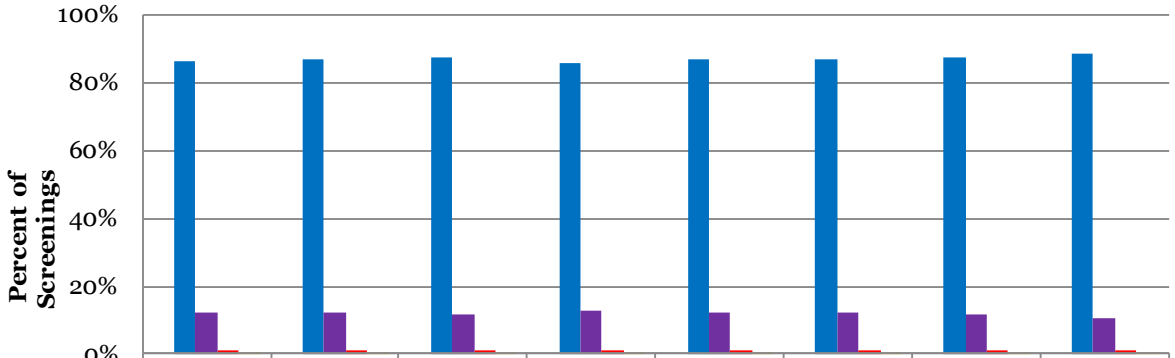
ADA Substance Abuse Traffic Offenders Program (SATOP) With A Previous Referral



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
SATOP Screened or Assigned to Comparable Pgm	8,076	7,144	9,209	8,817	6,094	6,161	7,959	6,962
Consumers Screened with Previous Screening	1,116	957	1,171	1,243	815	804	1,019	818
Consumers Screened with Previous Screening Pct	13.8%	13.4%	12.7%	14.1%	13.4%	13.0%	12.8%	11.7%

Significance: Majority of consumers receiving a SATOP screening have not had a prior SATOP screening within the past five years.

ADA Substance Abuse Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years

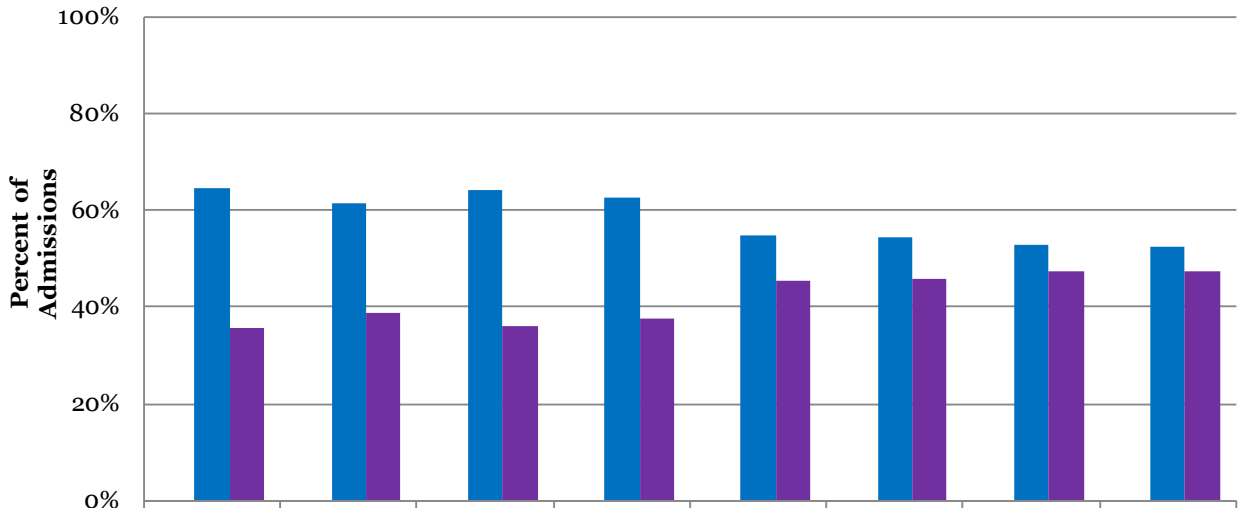


	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
SATOP Screened or Assigned to Comparable Pgm	8,076	7,144	9,209	8,817	6,094	6,161	7,959	6,962
0 Prior Screening	6,960	6,187	8,038	7,574	5,279	5,357	6,940	6,144
0 Prior Screening Pct	86.2%	86.6%	87.3%	85.9%	86.6%	87.0%	87.2%	88.3%
1 Prior Screening	993	859	1,058	1,126	732	743	922	730
1 Prior Screening Pct	12.3%	12.0%	11.5%	12.8%	12.0%	12.1%	11.6%	10.5%
2 Prior Screenings	111	88	107	104	79	53	89	82
2 Prior Screenings Pct	1.4%	1.2%	1.2%	1.2%	1.3%	0.9%	1.1%	1.2%
3+ Prior Screenings	12	10	6	13	4	4	8	6
3+ Prior Screenings Pct	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

NOTE: All data reflects number of previous screenings within the past 5 years of consumers' last SATOP screening within the reported quarter.

Significance: The majority of the consumers with at least 1 prior SATOP screening have had only 1 prior screening.

Medicaid Eligiblity for Individuals Served in ADA CSTAR Programs

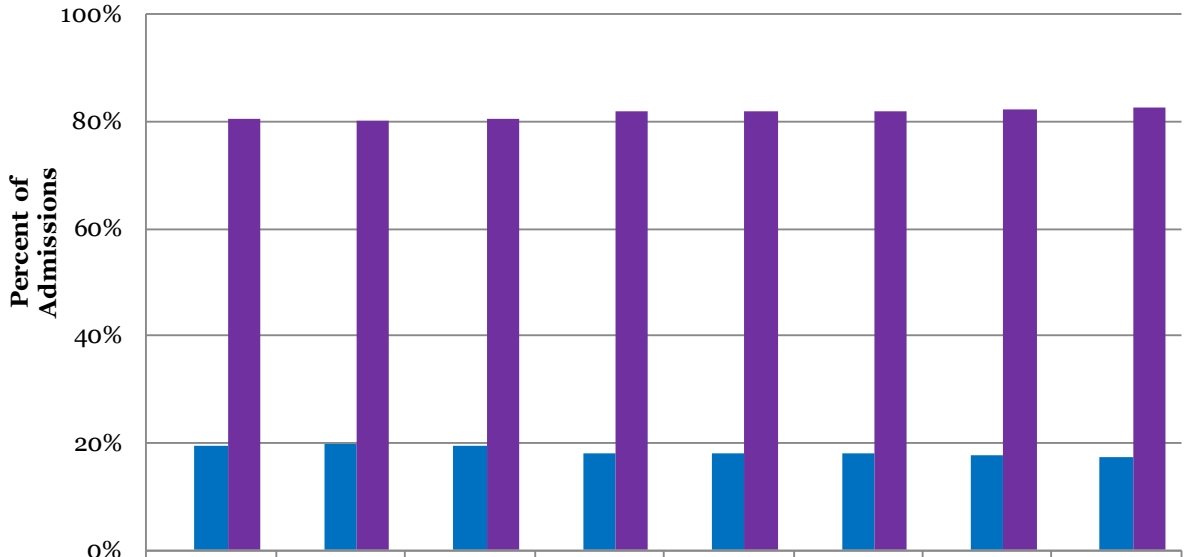


	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
CSTAR Admissions	6,113	6,500	6,693	7,892	9,331	9,777	10,182	10,014
CSTAR Medicaid Eligible	3,939	3,979	4,290	4,923	5,108	5,311	5,376	5,265
% CSTAR Medicaid Eligible	64.4%	61.2%	64.1%	62.4%	54.7%	54.3%	52.8%	52.6%
CSTAR Not Eligible	2,174	2,521	2,403	2,969	4,223	4,466	4,806	4,749
%CSTAR Not Eligible	35.6%	38.8%	35.9%	37.6%	45.3%	45.7%	47.2%	47.4%

NOTE: CSTAR programs include CSTAR Women & Children, CSTAR Women & Children Enhanced, CSTAR Women & Children Alt Care, CSTAR Adolescent, CSTAR General Adult and CSTAR General Adult Enhanced.

Significance: Between Jan 2009 and Jun 2010, the percentage of consumers in CSTAR programs who are Medicaid was steady. Between July 2010 and December 2010 the percentage of consumers in CSTAR programs who are Medicaid eligible has declined. This may be due to more ADA providers converting to CSTAR programs.

Medicaid Eligiblity for Individuals Served in ADA Non CSTAR Programs

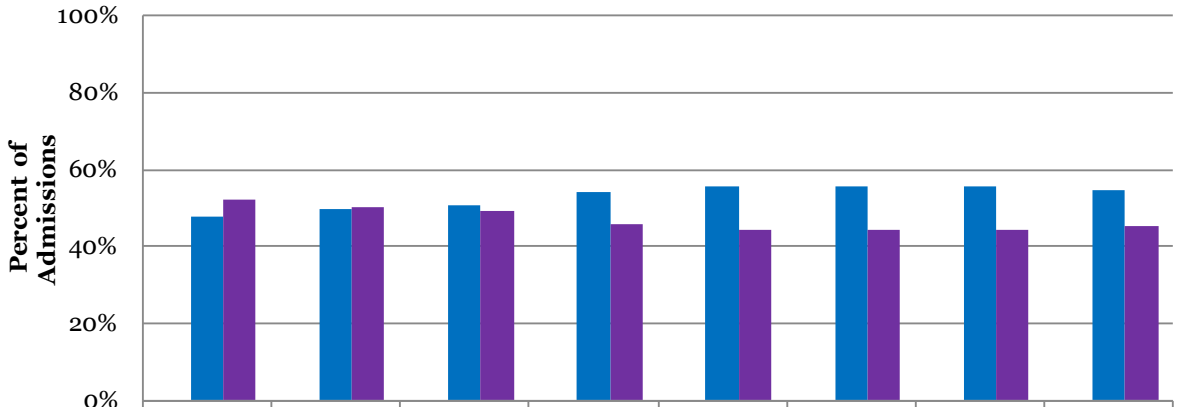


	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
Non CSTAR Admissions	14,065	13,303	13,089	12,055	9,882	9,901	8,736	8,717
Non CSTAR Medicaid Eligible	2,723	2,622	2,536	2,190	1,785	1,807	1,559	1,509
% Non CSTAR Medicaid Eligible	19.4%	19.7%	19.4%	18.2%	18.1%	18.3%	17.8%	17.3%
Non CSTAR Not Eligible	11,342	10,681	10,553	9,865	8,097	8,094	7,177	7,208
% Non CSTAR Not Eligible	80.6%	80.3%	80.6%	81.8%	81.9%	81.7%	82.2%	82.7%

NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and ADA General Treatment.

Significance: Since January 2009, the percentage of consumers in non-CSTAR programs who are Medicaid eligible has been fairly constant at about 19% but has declined somewhat since April 2010 likely due to more ADA CSTAR conversions.

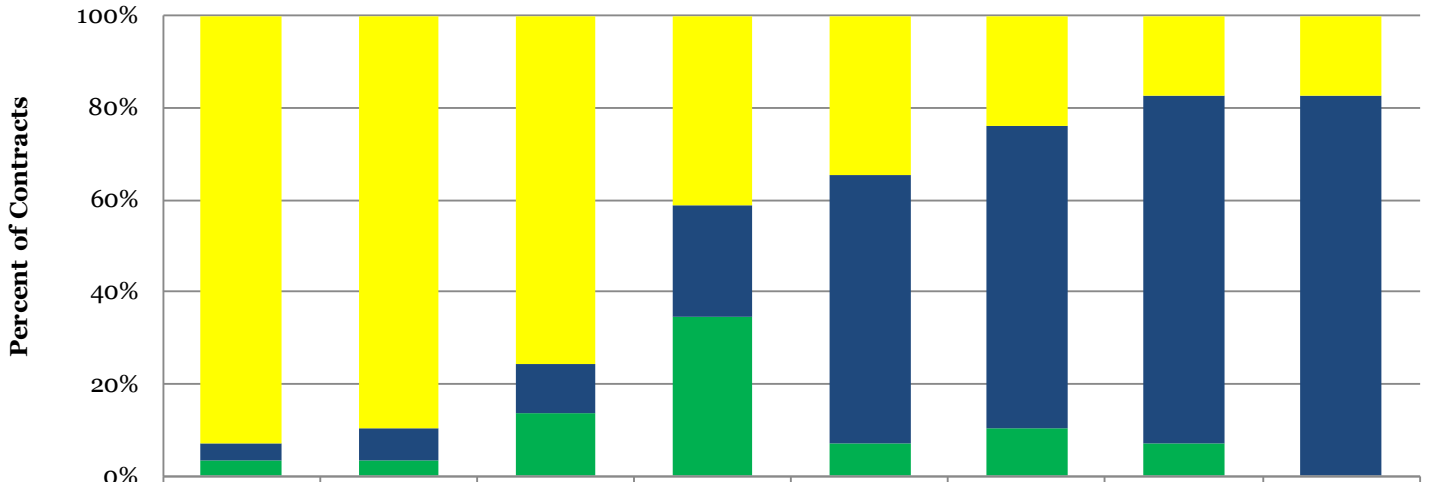
Medicaid Eligibility for Individuals Served in the ADA Opioid Program



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
Opioid Admissions	1,370	1,348	1,323	1,299	1,333	1,333	1,378	1,387
Opioid Medicaid Eligible	652	671	670	704	740	744	765	757
% Opioid Medicaid Eligible	47.6%	49.8%	50.6%	54.2%	55.5%	55.8%	55.5%	54.6%
Opioid Not Eligible	718	677	653	595	593	589	613	630
% Opioid Not Eligible	52.4%	50.2%	49.4%	45.8%	44.5%	44.2%	44.5%	45.4%

Significance: The percentage of Medicaid eligible admissions to Opioid programs is increasing due, in par to,to at least a couple of factors: increase in Medicaid eligible population and ADA's spending restriction of general revenue which reduces the number of non-eligible consumers who can be served.

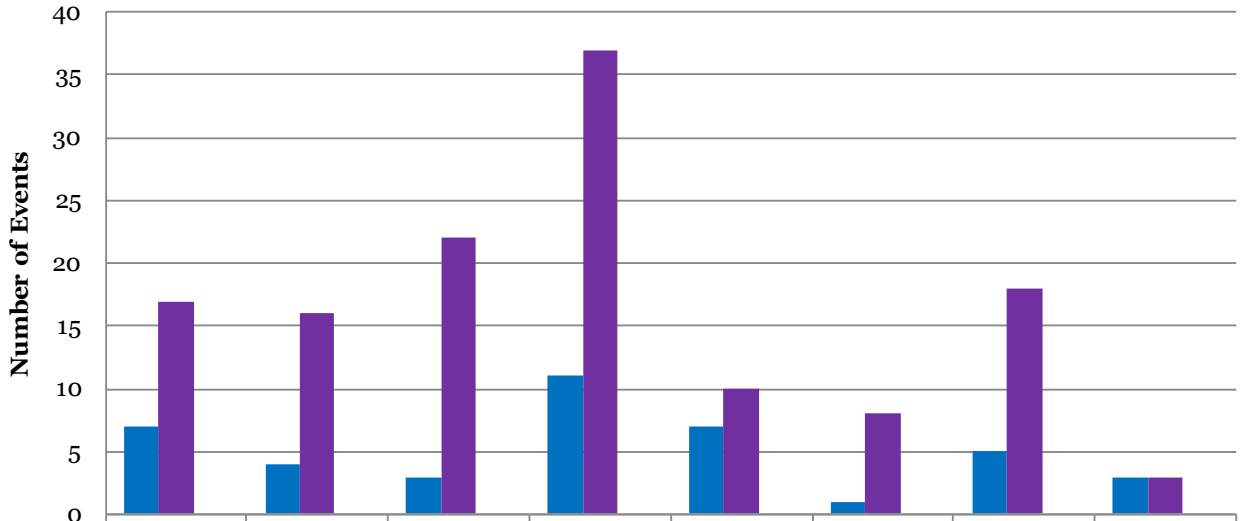
CSTAR Conversions



	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
Remaining	27	26	22	12	10	7	5	5
Previously Converted	1	2	3	7	17	19	22	24
Converted	1	1	4	10	2	3	2	-

Significance: PR+ contracts are being converted to CSTAR contracts in order to treat Medicaid consumers and maximize General Revenue dollars. In instances where a provider could not convert residential services, then providers were allowed to convert outpatient services. Also, some PR+ contracts will remain in order to continue to provide detox services and provide residential services in areas where the provider could not convert their

ADA Inquiries into Potential Abuse/Neglect Allegations

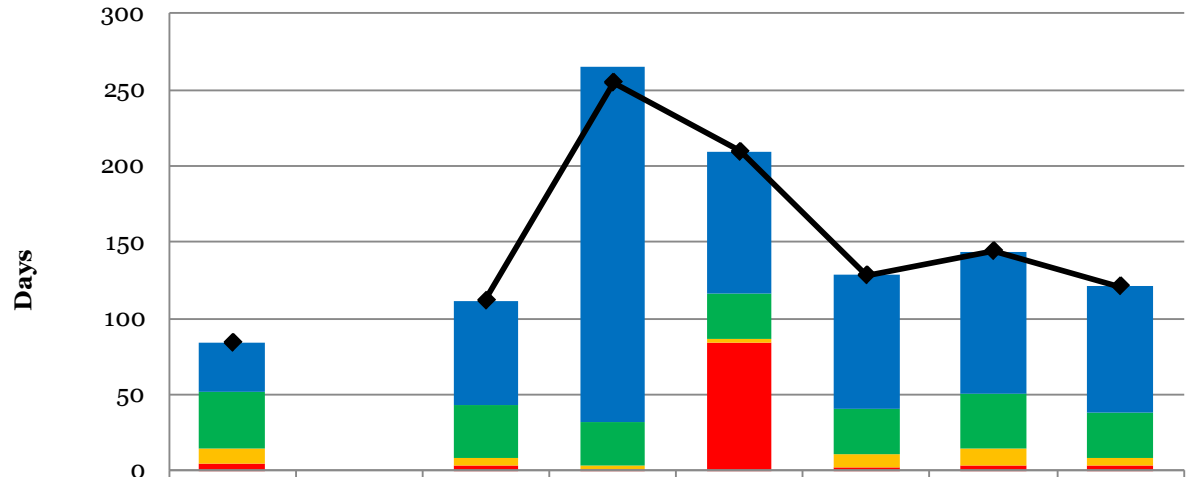


	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011
CO Investigations Opened	7	4	3	11	7	1	5	3
Inquiries	17	16	22	37	10	8	18	3
Decisions Pending	0	0	0	0	0	0	0	0

NOTE: Data is based on the Event Date, not the date the incident was reported. If an allegation is made but has not yet been assigned an investigation or inquiry, it is counted as "pending". If an event initially had an inquiry and was elevated to an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases under review.

Significance: The number of Investigations and inquiries have increased in the first two quarters of 2010. Some of this is due to clean up of previous quarter's data.

ADA Community Investigations Timelines

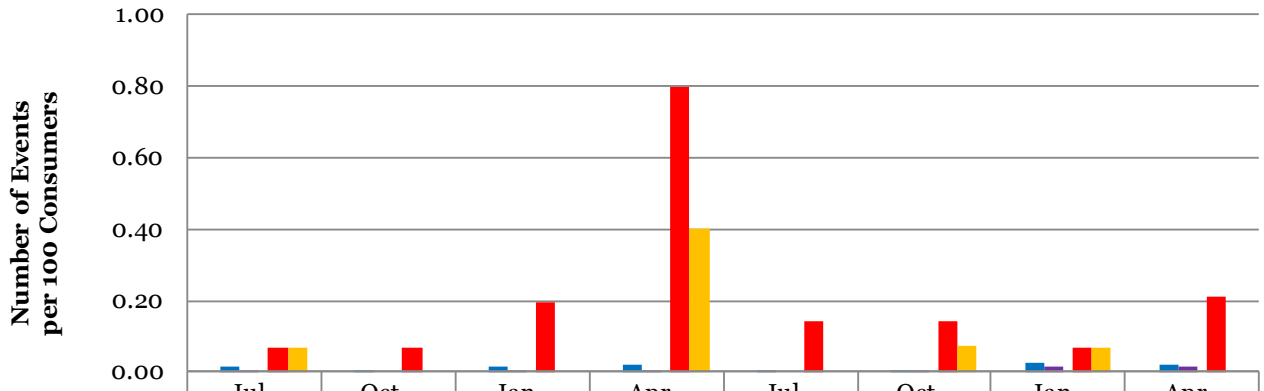


	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
ADA Community Event Count	5	0	9	20	3	3	6	7
Inv. Final Report to Final Determ.	32.6		68.0	233.3	93.3	88.0	93.3	82.4
Inv. Request to Final Report	36.8		35.2	27.6	29.0	29.0	36.0	30.7
Event Report to Inv. Request	9.6		5.3	2.4	3.3	9.7	11.8	4.9
Event Discovery to Report	5.0		3.1	1.6	83.7	1.7	3.0	3.1
Total Investigation Time (90%)	84.0		111.7	254.8	209.3	128.3	144.2	121.1

NOTE: Timelines are divided into 4 distinct sections or stages of an investigation. The bars include average times for all final determinations made in each quarter, whereas the black line includes 90% of all cases in order to show typical timelines excluding the top 10% outliers.

Significance: ADA community investigations are relatively few and are conducted in a timely manner with some variance in Jan-Sep 2010 due to final determinations issued for events that happened one to two years ago. In Jul - Sep 2010 one of the three incidents happened approximately one year before being reported; the remaining two were reported within one day of event occurring.

ADA Abuse/Neglect Investigations



	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011
# Adult Consumers	23,258	22,217	23,038	23,055	21,897	20,867	21,540	21,227
Adult A/N Investigations Completed	4	1	4	5	1	1	5	4
Adult A/N Investigations Rate	0.017	0.005	0.017	0.022	0.005	0.005	0.023	0.019
Adult A/N Substantiated	1	0	1	1	0	1	3	3
Adult A/N Substantiation Rate	0.004	0.000	0.004	0.004	0.000	0.005	0.014	0.014
# Youth Consumers	1,502	1,483	1,530	1,500	1,393	1,391	1,419	1,436
Youth A/N Investigations Completed	1	1	3	12	2	2	1	3
Youth A/N Investigations Rate	0.067	0.067	0.196	0.800	0.144	0.144	0.070	0.209
Youth A/N Substantiated	1	0	0	6	0	1	1	0
Youth A/N Substantiation Rate	0.067	0.000	0.000	0.400	0.000	0.072	0.070	0.000

NOTE: The above statistics do NOT include substantiations with only Neglect 2 or Verbal Abuse findings. Investigations and substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, Investigation and substantiation counts reflect cases finalized in the quarter.

Significance: ADA has relatively few abuse/neglect investigations and substantiations each quarter. There was an increase in Apr-Jun 2010 Investigations completed due to clean up of events that took place one to two years ago.

Discussion and Conclusion

Department of Mental Health safety issues are a reflection of a complex interplay of factors, including but not limited to, staffing, the acuity of consumers served, the design of the service delivery environment, and the design of effective programming to meet the needs of consumers served. Reviews of the data have generated substantive discussions at the Mental Health Commission meetings and more careful examination of the meaning of the data and its use for consumer safety. In some instances, discussions have led to changes in data definitions and presentation to capture more accurate information and to allow comparisons across divisions, with the general population, or with national benchmarks. Such comparisons provide opportunities and goals for improving consumer safety.

Although the data speaks for itself, notable highlights from the preceding charts include:

Division of Comprehensive Psychiatric Services (CPS)

- Overall trend of declining staff injury rates for the last year.
- Staff vacancy rates continue to be a problem, particularly for direct care and licensed nursing staff.
- Overtime continues to be necessary in CPS facilities.
- The number of consumers served in CPS inpatient facilities is declining due to closures of emergency rooms and acute care beds.
- Long term facilities continue to operate above capacity.

Division of Developmental Disabilities (DD)

- Restraint use in DD Habilitation Centers continues to decline.
- Slight increase in injuries resulting in first aid for consumers in Habilitation Centers.
- DD Habilitation Centers experience higher rates of staff injury than CPS facilities.
- Direct care and nursing vacancy rates are generally unchanged.
- Overtime continues to be necessary in DD facilities.

Although not evident in review of the data alone, the Department of Mental Health has undertaken key activities in the last year to improve safety practices at Department facilities. These include but are not limited to:

- Ongoing efforts to address high staff injury rates and workers compensation claims at Fulton State Hospital, including installing a wireless alert system to improve response to staff emergency situations and reviewing staff training programs.
- Surveying all CPS inpatient facilities to identify environmental safety risks and holding a suicide prevention summit with facility leadership to review survey results and compare findings from a root cause analysis review.

- Reducing the use of restraints in DD Habilitation Centers through staff training, positive behavior supports, and concerted efforts on behavior analysis, data analysis and follow up.
- Implementing policies to limit the amount of overtime that direct care staff in CPS and DD facilities can work in a pay period.

The routine review of performance data and trends provides a tool to continually evaluate the outcomes and success of these and future quality improvement efforts.

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http://dmh.mo.gov/opla/SafetyReports.htm